PSYCHOLOGY FOR NURSES

C. HADWICK.

ANAESTHESIA AND THE NURSE'S DUTIES

By the late
A. De Prenderville, LL.B., M.R.C.S.

Crown 8vo. 3s. 6d. net.

Nursing Mirror: "The book is a thoroughly sound one and should be in the hands of every theatre sister and nurse."

SYNOPSIS OF MIDWIFERY

By A. C. Magian, M.D.

Crown 8vo. 8s. 6d. net.

Lancet: "We can with confidence recommend Dr. Magian's little volume."

HEALTH AND PSYCHOLOGY OF THE CHILD

Edited by
Elizabeth Sloan Chesser, M.D.
With contributions by many well-known experts on child health and training.

Cr. 8vo. 7s. 6d. net

Nursing Times: "Every mother, teacher and nurse, and in fact every worker amongst children should make an effort to possess it."

Wm. Heinemann (Medical Books) Ltd.
20, Bedford Street, London, W.C. 2.

PSYCHOLOGY FOR NURSES

PRESENTATION COPY

PSYCHOLOGY FOR NURSES

INTRODUCTORY LECTURES FOR NURSES UPON PSYCHOLOGY AND PSYCHO-ANALYSIS

by

MARY CHADWICK

(MEMBER OF THE COLLEGE OF NURSING, THE BRITISH PSYCHO-LOGICAL AND INTERNATIONAL PSYCHO-ANALYTICAL SOCIETIES)

Given to Nurses at 6, *Guilford Place, London, during the Winter and Spring of* 1924-25

LONDON:
WILLIAM HEINEMANN
(MEDICAL BOOKS) LTD.
1925

First Published, 1925

My grateful thanks are due to the Editor of the *British Journal of Nursing*, for permission to publish these lectures after appearing in the pages of this Journal.

MARY CHADWICK.

CONTENTS

		PAGE
LECTURE I.	—Introductory. How Psychology may help the Nurse...	1
LECTURE II.	—The Choice of her Profession ...	13
LECTURE III.	—Family Repetitions	27
LECTURE IV.	—The Nurse and the Staff ...	41
LECTURE V.	—The Nurse and her Patients ...	61
LECTURE VI.	—Illness a Regression	81
LECTURE VII.	—Influence of the Phantasy-Life	99
LECTURE VIII.	—Some Children's Problems ...	117
LECTURE IX.	—Some Women's Problems ...	135
LECTURE X.	—Some Men's Problems	161
LECTURE XI.	—Nursing the Nervous Patient ...	195
LECTURE XII.	—Development of Psycho-Analysis	215

PREFACE

THE aim and scope of these lectures was not to train nurses to become psycho-analysts, nor to teach them to use psycho-therapy upon their patients, but to show them the processes which are going on all the time in their own Unconscious Minds, as well as those of their colleagues, and their patients; to ease, if possible, the strain of nursing, as well as to mitigate some of the friction which so constantly arises from unrecognised and unresolved conflict from dim regions within ourselves, about which we know nothing but the unfortunate results.

The first lecture is mainly introductory, and touches upon many topics which will be subsequently discussed at greater length. In fact, it forms the ground plan and general survey of the extent of the lectures, as well as sketching briefly the growth of personality and the development of the Unconscious Mind, which after all, is the basis of our character and responsible for the dynamic force of our lives.

I remember when I was still actively engaged in nursing, how much the little I then knew about psychology served to illuminate many a difficult problem, and how helpfully the works of Freud explained strange manifestations I had observed in patients and myself, but about which I could get no enlightenment elsewhere. For this reason I shall always be deeply grateful for psycho-analysis and its teaching, and on this account I gave the following lectures during the winter and spring of 1924-25, and now publish them, trusting that they may be of some little service to others.

MARY CHADWICK.

6, Guilford Place, London.

TABLE OF CONTENTS

LECTURE 1. *How Psychology may help the Nurse.*

What is the Psychological side of Nursing? Behaviourism. Psychological types. Psycho-analysis. Freud. The Unconscious Mind. How it gains more direct gratification during illness. Illness a Regression. The Transference. Its curative value. Dangers of Convalescence. How the Nurse may best use her knowledge of these wishes of the Unconscious Mind.

LECTURE 2. *The Choice of her Profession.*

Identification with the mother, father, or friend. Attitude of the child to the Doctor and Nurse. Influence of the childish impulses and instincts. Interest in the body, its functions and products. Curiosity, active and passive. Cruelty, active and passive. Mechanism of Reaction-formation. Fate of the Impulses.

LECTURE 3. *Family Repetitions.*

Law of Repetition the secret of life. Rhythm. Repetition a support or a stumbling-block. Educative factor of Repetition. Imitation. Repetition and the significance of the family. Matriarchy. Patriarchy. The leader and the lead. Herd Instinct. Fears of children repeat the early dangers of the race. Meaning to the child of father, mother, sisters and brothers. Its own position in the family. Significance of hatred, love and jealousy. Neurotic character traits. The baby and its first love-objects. Repetitions in later life.

LECTURE 4. *The Nurse and the Staff.*

Repetition of childish events. Two types of person, Gregarious or Extrovert and Solitary or Introvert. Influence of the large or small family. Nurse finds again the family of her childhood in the Staff. Significance of the Inferiority-Superiority Complex. The wish to be a man. Development of the Homosexual or Heterosexual love-objects. Hospital friendships. Mother and child, lovers, rivals. Reactions among members of the staff.

LECTURE 5. *The Nurse and her Patients.*

Gregarious and Solitary Patients. Mutual misunderstandings between patients and nurses of these different types. The tendency of institutions to standardise. Difference between hospital and private nursing. Refractory patients. Importance of the superlative degree. Mother and child situation between patients and nurses. Superiority complex in patients. Nurse's likes and dislikes. Their susceptibility to flattery.

LECTURE 6. *Illness a Regression.*

Significant factors of pain and fear. Fear the anticipation of Pain. Exogenous stimuli. Normal causes and functions of Pain. Direct stimulation. Tropism. Early sources of danger, pain and fear. The foe from without and the foe within. Repression of fear, its results. Flight into Neurosis. Conversion Hysteria. Phobias. Dissociation. Dementia. Cortical areas and the Unconscious. The factor of guilt in pain and fear. The priest and the medicine-man. Flight from the Self.

LECTURE 7. *Influence of the Phantasy-life.*

Importance of the Phantasy-life. Conditions and sources. Day-dreams follow human development. Five

periods—Infancy, Oedipus, Latency, Adolescence. Maturity. Typical phantasies of sickness and health. Their dynamic for the choice of a career. Graver aspects of the phantasy. Pregnancy phantasies. Psychoses.

LECTURE 8. *Some Children's Problems.*

To be investigated from the side of the child's inexperience. Infantile Amnesia. Effect of this upon the Parents. Child essentially a sceptic and experimenter. Child learns by love more safely than through fear. Neurosis a deficiency disease. Conscious and unconscious attitude of parents. The child and its mother. Increasing separations and their significance. Reactions to brothers and sisters.

LECTURE 9. *Some Women's Problems.*

Women's psychological development more complicated than a man's. Stages in the girl's development. Oedipus situation for the girl. Rivalry with the mother. Phantasies of adolescence. Homosexuality. Heterosexuality. Identifications. Wife and mother. The mature married woman. Attitude towards her husband and children. Causes of unhappiness. The Menopause. Old Age and Death Fears. The Spinster.

LECTURE 10. *Some Men's Problems.*

Usual preference for the boy. Many mothers and one father. Boy's fear and jealousy of the father. Influence of the War and the absent father. Mother's dissatisfaction with her marriage may exert an effeminizing influence upon the boy. Oedipus Complex. Ambivalence of the son. Rôle of both father and mother in this drama. Latency period and boy companions. Adolescence and the growth of the Ego-Ideal. Homo-

sexuality. Heterosexuality. Friends and marriage. Lack of understanding of fundamentals between men and women. How this applies to the Nurse.

LECTURE 11. *Nursing the Nervous Patient.*

(*a*). Difficulties in the Patient. The *on-her-best-behaviour* patient. The *contrary* patient. The *suspicious* patient. Exaggerated and symbolic values. The patients' phantasies and how they may effect particular illnesses. Patients' love for the affected part.

(*b*). Difficulties in the Nurse. Nursing the Phantasy and not the disease. Coincidence of the phantasy-life of the patient and nurse. Influence of the nurse's own repressions, reaction-formations and sublimations upon the patient. The nurse's unconscious processes. Castration complex. Feeling of Inferiority. Management of Relations.

(*c*). Difficulties connected with the Relations. Their jealousy and suspicion. Reactions to prohibitions of the nurse. Repetition of their childish reactions to authority.

LECTURE 12. *Development of Psycho-analysis.*

Why the nurse cannot treat her patients by psycho-analysis. The origin and development of psycho-analysis. Freud. Free associations supersede hypnotism. Most familiar technical terms. The two chief tenets of Freudian psycho-analysis. Important points yesterday and to-day. The analytical situation. What we owe to Freud. Rapid development of the therapy between 1902-9. Visit to America. Present prevalence of the treatment. Aims of the treatment. How the Nurse may make use of her knowledge of psycho-analysis.

LECTURE I

INTRODUCTORY

HOW PSYCHOLOGY MAY HELP THE NURSE

Contents :—What is the Psychological side of Nursing? Behaviourism. Psychological types. Psycho-analysis. Freud. The Unconscious Mind. How it gains more direct gratification during illness. Illness a regression. The Transference. Its curative value. Dangers of Convalescence. How the Nurse may best use her knowledge of these wishes of the Unconscious Mind.

Florence Nightingale gave us the precept, "Nurse your patient and not the disease," and we are following out this advice when we begin to enquire into the psychological side of nursing and of physical illness. Were the disease itself all we had to combat, the profession of a nurse would be far more simple than it is, and one must own, far less interesting If the course of illness always followed the lines laid down in the text-books for nurses, and one never encountered complications, or unlooked-for occurrences, we should become so bored that we should either

give up nursing altogether, or become machines. It is the patient's idiosyncrasies, the differences to be observed in each case, even when persons are nominally suffering from the same complaint, which makes the profession worth while, and, moreover, it is just our interest in these individual variations that either spurs us on to advance or leaves us standing still.

During recent years, this individualistic study of people has become the subject of careful research under the name of *Psychology*, while in America it has been extended under the name of *Behaviourism*. It has been found, broadly speaking, that persons may be divided into groups which adhere to several patterns or types, which may almost constantly be relied upon to act in a given way, according to their type, when confronted with a specified stimulus, whilst it is also recognised that others cannot be ranged in any such categories, nor can their reactions to a given stimulus be predicted from experience of themselves or others, that is, they always act in a totally unstereotyped manner. Yet another science, still more modern than academic psychology, has arisen to give us a wider and deeper knowledge of ourselves and others, which not only enables us to become acquainted with the familiar reactions, as well as those which are not so common, but also allows us to make use of the knowledge so gained to awaken our understanding of life's problems and renders us more competent to help our patients in their difficulties. I refer to *Psycho-analysis*, which Sigmund Freud, the Austrian specialist for nervous diseases began to evolve some thirty years ago now from

the discoveries of a colleague, Josef Breuer, whose death occurred but recently in Vienna at the age of 84. Freud has demonstrated that the most important part of ourselves, that which creates the dynamic force of our lives is a part of the human personality about which very little is known, unless we have specially studied the subject, and to that part he has given the descriptive name of the *Unconscious Mind.* An American psychologist has compared it with an iceberg, one tenth part of which is above water and visible, whilst the remaining nine-tenths remain out of sight beneath the waves, and for that reason are far more dangerous. This is one of the chief difficulties we have to encounter in illness, because it may prevent a satisfactory recovery, when apparently there is nothing to hinder rapid progress. This Unconscious Mind, about which we and they know so little, cries "Halt," and the physical side responds obediently. Hitherto, we have fought blindly and instinctively, our Unconscious Mind against theirs, just as our ancestors waged war against disease and death, without the more accurate and precise knowledge which has since been gained through experiment, and modern scientific, mechanical aids, which are of service, not only for the purposes of diagnosis, but also as therapeutic measures.

Now, before we proceed further, let us see what we may expect to find in this unknown tract, which we call the Unconscious, and probably, when it has been explained, you will agree that in the manifestations of illness, we realise its nearer approach and even encroachment into

the daily life and personality of those, who usually contrive to drive away or at least keep out of sight the expressions which then find their way to the surface, and which we often regard as the symptoms of the illness. The Unconscious Mind is a region where wishes, feelings, desires and strivings hide when they have been banished from the conscious part of the mind and thoughts during the course of education, or the culture of the race. Throughout our lives, since we first encountered educative measures in infancy, we have been obliged to learn that it is neither possible nor expedient to do, to have, or to be, all we should wish. We may successfully repress these wishes, or turn them into some other different and socially permitted channel, which is also satisfactory, but on the other hand, we may not be able to accomplish either of these courses. The wishes may disappear from sight, but then they have taken refuge in our Unconscious, and from that vantage ground constantly strive to take us by surprise and win their own gratification by regaining consciousness, frequently through assuming a disguised form. Should one try to enumerate the most common of these unconscious wishes, in the foremost rank might be placed, *having our own way*, the desire to do exactly as we like, and to give up to no one else; to gain everyone's attention, and to be the centre of attraction, like an only child; to eat when we like, and what we like, to sleep when we like, only to see the persons who please us, and to banish from our presence those who annoy. Unconscious wishes are entirely egocentric. We may witness these which have

already been specified, and many like them, gaining direct gratification in illness to a greater degree than is usually possible in health. Should we study our patients' reactions with close attention, we may frequently observe this process at work when the following phenomena occur, and which are often the subject of surprised comment. For instance, we will notice that those folks who have the least attention when well become the most exacting during illness, or, that those to whom scanty and coarse food is by no means unfamiliar, prove particularly fastidious over the diet provided in hospital, even though at the same time they constantly apologise to the nurse for the trouble they are giving her. Again, resentment will often be shown by one patient in a ward, when another more dangerously ill is brought in, who proves a serious and successful rival. To be the only one or the most beloved child, as it were, is the aim of every sick person. *Child*, I use the word intentionally, for every illness is a regression, a retreat, in face of overwhelming odds, to a position of safety, where difficulties will be temporarily suspended, if not escaped entirely. It is a running backwards to revive childhood's state of irresponsibility, when everything was done for us, and we did only the easy things; when we were washed, dressed, fed, attended to, and not very much was expected of us, mother or nurse did anything that was important and of consequence.

Before we continue, I should like to make this question of Regression still more clear, because, when we grasp this process, we not only understand so much more about the onset of illness,

but are often able by means of close observation of our patients to discover the inciting agent or specific obstacle which has been the cause of the breakdown just at this particular time. To-day it is a recognised fact that we are immune to bacteriological infection as long as our opsonic index is high, when this becomes lowered for various reasons, we fall a prey to the invading germ; if our resistance increases we recover, but should it still further decline, the microbic invasion succeeds and we succumb to it. One may well ask what controls this resistance, what may be *the various causes* which tend to lower the opsonic index? Bacteriologists seem to consider such questions rather outside their province and that to seek a psychological cause for such variations is superfluous. They try to help us unravel our riddle by explaining the part played by the white corpuscles or leucocytes, and all our other faithful allies in this war against bacteriological infection, but their valuable information always stops short at explaining *what* happens rather than *why* it happens, which is of still greater importance from the point of view of prophylaxis. We still do not understand what governs the movements of these bodies. What makes them come to our aid, and mobilise, sometimes in tens and sometimes in hundreds of thousands. Their habit, it is true, may be obscure, but I should fancy that their secret will finally fall to the lot of a psychologist to solve, rather than a bacteriologist.

To gain a ray of light on the subject, let us bring our war experience to mind—those wards full of soldiers, so many wounded almost iden-

tically. But, if we remember, no two followed the same course of healing and not all responded to the same treatment with equal rapidity or success. The tissues reacted in various ways, why, we did not know, perhaps some of us were not even moved to the point of becoming curious about the complexities which thus presented themselves to our notice. We said, maybe, that this patient lost more blood than another, therefore his vitality was low, or another looked as if he had always been delicate; yet a third, with a splendid physique and a comparatively small wound would also fail to improve. Why? Did we ever take into our consideration in these cases this important question of regression, with its most significant factor, what might be felt to lurk in the future so that the patient dared not get well too soon to face it? The problem of going back to the Front was not the only hinderance to convalescence by any means; sometimes it proved to be a sweetheart who had jilted a man who had the misfortune to lose a leg, or a wife who had been unfaithful in her husband's absence from home. Let us take another set of instances from a somewhat different source, this time drawn from the nursing staff and not the patients in a hospital. When we caught a glimpse beneath the surface and learned something about the psychological condition of some of those nurses and probationers who went into the sick-room with a septic throat or poisoned finger, even if nothing more serious than that, we would generally discover that it had been caused really by some worry, usually anxiety or misery connected with

her work in the ward from which she had come. Perhaps the root of the difficulty was some person who tried her beyond endurance, and it was this which accounted for a lowered opsonic index and the consequent retreat on the part of her psyche, the regression to a condition of temporary respite, where the demands upon her would not be so exacting, and where, for a while at least, some of the comforts and consolations of childhood might be regained by way of compensation.

We have already mentioned that Unconscious wishes usually have their origin in childhood, and that the secret aim of regression is once more to become a child and thus be able to enjoy them. In the condition known as *Shock*, we find an excellent example of this occurrence in a superlative degree. Here we see a form of regression, where the psyche is quite unable to keep pace with the rapidity with which it happens, and where the gratification gained by it is connected with an unconscious death impulse. In its most profound form it involves loss of consciousness from which there is no recovery for the patient, who passes on to the deepest regression of all, namely death, which in a great many ways, which will be explained in a later lecture, may be regarded as an equivalent of the ante-natal state. It is interesting to remark in this connection, that the classical rules for treating profound shock are practically the same as those which are recommended for the treatment of the very feeble newly-born.

In more slight cases of regression, when we return to our childhood's desires for a short

season only, we find a concomitant tendency to put the persons of our immediate environment into the place of loved ones in our early years. Doctor and nurse respectively become father and mother, and similar behaviour is expected from them and a corresponding attitude adopted towards them by patients, who on their side repeat towards them their own early reactions of love and hate, obedience and defiance where they are concerned. Neither should we lose sight of the fact that it is not only patients who behave in this way, the nurse is equally capable of making *transferences*, as they are called, because she is equipped with an Unconscious Mind as well as they, which just as frequently plays awkward tricks upon her when she least expects it and which may sometimes put her in a quandary.

Such transferences on the part of patients and the nursing staff are important factors in the illness and recovery of a patient. In some cases, should they attain an exaggerated growth, and not meet with adequate understanding and treatment, they may considerably prolong recovery, but, on the other hand, a transference, well treated, frequently serves as the towing-line that finally brings the sick person safely into the harbour of health. The patient who has no one to whom to hold fast, who has no interest in any other person, and cares not if he or she live or die, quickly slips through our fingers. One may observe this phenomenon of the use of the transference particularly clearly in many cases of pneumonia, especially when the patient is one who in childhood was more than usually de-

pendent upon the mother. A strong mother-transference takes place between nurse and patient, and by this means recovery is established. The old saying that pneumonia is a nurse's case rather than a doctor's, confirms this interpretation of the proceeding.

Convalescence, as we mentioned before, is the reverse process to falling ill. It represents a gradual growing-up and reassumption of the state of independence, once more becoming obliged to face the responsibilities of life, which a short time before appeared so terrible that they produced retreat into physical or nervous illness. Precisely because of this reason, that retreat has once taken place, it requires still more courage to face the enemy upon a subsequent occasion. Resuming the difficulties of everyday life is the essence of the complexity of convalescence, and usually the real cause of relapse, which so often occurs when good progress has been commented upon in a particularly favourable manner. It may even be the cause of sudden death intervening when a patient is expecting to be removed home for the completion of convalescence.

These questions open a wide vista for the nurse, a field of research, concerning which we will do our best to point out the main themes, although it is lamentable how briefly they must necessarily be treated in the compass of these few pages. What steps, we may ask, should a nurse take when knowledge is at her command, respecting the importance of the influence of the Unconscious Mind and its wishes upon the apparent physical condition of her patient? Our best advice to her is that she keep it to herself;

always perhaps a difficult task, especially when the knowledge be newly acquired and is interesting her profoundly. Let her keep the knowledge a secret to herself, or discuss her discoveries with her colleagues only, although acting upon them all the while, and never forgetting them for an instant. A nurse ought of necessity to be an accomplished actress, because it is seldom to the advantage of her patient that she should show or tell all she knows. All those in her care should be treated as if they were entirely grown-up, although the nurse herself realises that they are feeling and behaving, although quite oblivious of the fact, as if they were but a few years old. At the same time, it may be useful to her to remember that one of the reasons why we frequently find patients difficult or irritating, is because we are expecting them to behave like those in perfect health. The sick person cannot but behave like a sick person, *i.e.* irrationally. Mind and body are inseparable. Disturbance of the functions of the one imply derangement of the functions of the other to some extent, great or small, which we do well to bear in mind. It is seldom that it will profit a patient to explain any of these unconscious processes, however clear they may appear to us. Those who look on certainly see most of the game of illness. Passing on specialised information of this description would be unavailing if not directly harmful, because the condition is too acute, and intimately connected with the unconscious wishes of the person, that he or she would remain blind to what we were trying to explain and merely run away from the

truth, which our explanation would present without adequate preparation. It would be as useful to the patient as a perusal of the bed-board. We know something about the real facts of the case, but by no means all, let us remember. May this help us to act upon our information with understanding and sympathy, and avoid the pitfall of becoming superior or censorious on account of it, because our sympathetic understanding will frequently assist the re-establishment of health more than we are able to guess. In addition, we may put our knowledge to still better advantage, if we use it to find out some important details about ourselves. This, however, is still more hard to contrive without trained assistance, although of the utmost value, for the reason that the clearer insight we gain into the intricacies of nursing, the more certain do we become that many of the most abstruse problems that complicate the nursing of patients are but the reflection of difficulties within ourselves, which we have never been able to solve or understand because unaided we cannot as a rule tell the one from the other.

LECTURE II

THE CHOICE OF HER PROFESSION

Identification with the mother, father or friend. Attitude of the child to the doctor and nurse. Influence of the childish instincts and impulses. Interest in the body, its functions and products. Curiosity, active and passive. Cruelty, active and passive. Mechanism of Reaction formation. Fate of the Impulses.

Let us investigate some of the causes which lead to the selection of the nursing profession. What do we find? Choice actually lies quite outside the control of our conscious volition. We may, it is true, give the most excellent reasons for adopting one course of action rather than another, but really we are obeying the laws of repetition and carrying out some day-dream of our childhood. We will leave the day-dream as the root of vocational selection upon one side for the present, and begin with the factor of Identification, because it is at the same time essential both for the growth of ideals and the building up of character. In the last lecture we saw that education implies learning to give up our own way and accept that of another among other things, not only because of love, on account of fear, or to avoid punishment, but also owing to

this principle of identification, which is closely connected with the child's earliest love-objects. Imitation is the sincerest form of flattery, the proverb tells us, and we know that even tiny children will attempt to copy those of whom they are particularly fond, or express the hope that they will grow up like them. Putting oneself thus into the place of another is called *Identification*, and it proves for many an important factor in the choice of a career. Perhaps, as a child, the girl knew and loved someone who was a hospital nurse, or confused the trained nurse with her old "nanny," on account of a similarity in dress and name, or again, perhaps, the model may have been that of her own mother, and the child's first wish to copy her and look after sick folk as though they were her own children. Should this have been her original wish we shall probably find the nurse with a predilection for patients who are ill in bed and quite helpless. When they become convalescent we see her interest in them waning and her attention transferred to another whom she feels more necessitous. The girl who needs to exercise her maternal instincts and at the same time use her administrative capacity, may find full scope for her talents in the career of a trained hospital nurse, particularly when she finally reaches a position of authority, but the process of training will, no doubt, for these same reasons, be exceedingly irksome to her. It is not the feminine identification alone, to grow up like mother, which contributes to her choice of a profession, the reason may be none the less to resemble father, since we find a large percentage of doctors'

daughters becoming nurses and usually particularly able and gifted ones, if the financial resources of the family do not permit them to study for a medical degree, or should the girl's need for identification strive to combine those of both father and mother into one profession.

It is very seldom that a girl chooses the nursing profession without having shown some special interest or aptitude for it during her childhood. We read of Florence Nightingale, as a young girl, setting the broken leg of a collie belonging to a Highland shepherd, and know of another nurse, who would relate how her favourite childish game was "hospitals" when doll's arms and legs would be set with matches, and those injured beyond hope, amputated. A younger sister would be put to bed in a doll's cradle, supposed to be suffering from the most serious ailment with which the little girl was acquainted and nursed with such solemnity and realism that the baby howled with self-pity, until some adult came and stopped the game for that day. Medicines, salves, ointments and plasters were concocted and given to long-suffering relatives as aids to the complexion or toilet perfumes. Once a "Doctor Game" was instituted with some little friends, who had similar tastes, but parents intervened, thinking it morbid. This game may also act as the cover by which children may gratify their forbidden curiosity about their little playmates. To the child, the doctor is a very awe-inspiring person, as was the medicine-man among the primitive savages. There are four reasons which form the basis of the modern

child's veneration of the doctor, which may be enumerated thus :—

1. He may visit sick people when others are excluded.
2. He is never, they think, sick or ailing himself.
3. He knows everything, and is supposed to bring the baby in his black bag, so presumably he knows where it has come from. This information makes him particularly enviable, of course.
4. He may also be regarded as an avenger of wrong-doing, who may be called in to punish them for persistently doing what has been forbidden, or for failing to carry out parental instructions.

All these ideas present themselves so vividly to the child's mind, that they tend to exalt the doctor into such a wonderful figure, surrounded by a halo of romance, so that he immediately appeals to the child as an enviable person, therefore an ideal, for the purposes of identification, because he or she hopes in this way to gain some of his marvellous power and knowledge. Few children, now-a-days, have not come into contact with doctors or nurses in some way, and few can have failed to remark that the nurse is likewise an important person, second only to the doctor, when there is illness in the house, hence, to the girl, especially, does she express the idea of power, so that, should a doctor identification prove out of the question, the next best choice would be to model oneself upon his understudy, and grow up with the intention of becoming a nurse.

The secret ambition of many little girls, whose early lot has been to endure a great deal of attention in the form of being ordered about by a capable mother, is to grow up to be an important person herself, so that she can manage others and command them in her turn. To reverse the situation is always a favourite game or phantasy with all children, therefore to be able to put the adult into the place of the helpless infant, who must be kept in bed, washed and dressed and otherwise attended to, is a frequent ambition of these same little girls, who had managing, energetic mothers. Or again, to have their fathers dependent upon them, and grateful for their ministrations may appeal even more strongly to others, who will afterwards show a marked preference no doubt for male patients who are not in their first youth. So do our childhood's wishes gain their fulfilment, or gratification by means of our career, should we have chosen rightly, and precisely because it does this, will it prove eminently satisfactory both to ourselves and those to whom we minister. In no other calling may early wishes of this description receive so much gratification, unless it be in the home-life of a wife and mother; yet, so many women, either from force of circumstance, deliberate choice, or still more frequently, because of inhibitions connected with their infantile life, attend to other women's babies, husbands, sons and daughters, instead of their own.

Much may be learnt about these infantile wishes by discovering a nurse's favourite duties, from which it is also possible to ascertain to a very large extent, from what roots they have

sprung. To play at being father or mother, or some other dearly loved and admired person is not always the only motive involved in the choice of a profession; other preoccupations of childhood gain an equally high percentage of satisfaction from the duties of a nurse, which cannot otherwise find an outlet in the usual life of the present day. In order to understand how this may be, we must once again turn our attention to infancy and its strivings, from which arise so many adult character-traits and predispositions. I suppose that our experience gained by nursing the sick of all ages will enable us to realise these childish impulses far more readily than lay folk, who generally deny them obstinately, because we have had so much more opportunity for observing them both directly in childhood, and indirectly in the regressions which occur in older folk when they retrogress through illness to the infantile level with its correlated interests and habits. A child's training means to a very great extent, the modification of its own wishes in order to conform to the preferences and ideas of what is suitable on the part of the trainer in charge. Should we proceed to investigate the main directions in which these wishes first undergo restriction, we see clearly that there are two primary aims of rudimentary education, to control the appetite and the excretory functions, the desired goal in both cases being to establish regular habits and a certain amount of limitation of desire and free-will in the exercise of the functions of nutrition and excretion, where each is concerned, from the standpoint of the child. The reactions of children to these attempts at

control on the part of an adult will be found to differ very considerably, some being readily educable, while others even at a few days old, maintain a stubborn resistance against what they evidently feel an unwarrantable interference. We must remember, however, that for the first nine months of existence, no external demands disturbed their peace. Nourishment was automatically supplied, what excretory function existed was also carried out involuntarily. Later on, when the child's character has undergone considerable development, it may endeavour to assert its independence still more actively over both these functions, especially during the weaning period, and when the trainer insists in the interests of cleanliness upon more rigid restrictions concerning the evacuations. Concerning the latter, however, nowhere, except in hospital, do we have such abundant opportunity to observe interesting manifestations of the struggle to carry out infantile wishes, where bodily functions are concerned, because there, we often find children whose training has been practically non-existent upon these points, and one may see the battle to obtain crude gratification of primitive wishes persisting in an uninhibited way. The adult often shows disgust or repulsion at the waste products of the body, their appearance or smell, but the child, like the savage, and one may also include the lunatic, shows none, being ready to play with them, smear itself and other things with them, give them to loved ones, even to eat and drink them, as well as finding as much pleasure in their odour, as do people of culture in the finest perfumes. This we might find diffi-

cult to believe had we not seen such frequent evidence of its truth in our experience in the children's wards. During the process of education, the child's interest gradually becomes diverted from these crude playthings. It learns to model with plasticene; it covers objects with patterns of brightly coloured chalk; gives away little stones or scraps of waste material it has been hoarding. We say that the impulse has become *sublimated*, but the original idea which this new form represents, still slumbers on unchanged in the Unconscious, always seeking an outlet in consciousness when occasion allows. This may be found again in its direct form in the coprophilic orgies of the madman, or in the patient whom severe illness has rendered incontinent, and whom we frequently find smothered from head to foot in faeces, especially the hands and nails, from restlessly and only half-consciously playing with the bodily products. The interest and curiosity first displayed by the child in its excretions appears again in patients who perpetually talk about their constipation, and hanker after aperients, as well as taking an inordinate interest in their digestive apparatus. It may also be recognised in nurses who are most punctilious to report the colour and consistency of stools, or to examine them for foreign bodies, as well as in the analysis and measurement of urine. The weaning process is revived in its direct process with the dieting of patients on milk or slops, and in its reversed form in feeding them up with all manner of nourishing food.

Now permit me to introduce you to another psychological mechanism, which will help to

explain many perplexities concerning the construction of character as well as in the choice of a profession. This is *Reaction-formation*, which means the process by which an impulse becomes reversed and changed into its opposite, often in a grossly exaggerated form, due to the action of repression and a strong feeling of Guilt. Repression, we have already explained as the disappearance from consciousness of an instinct or wish, because of pressure exerted from without, which causes it to take refuge in one of three expedients, either *Sublimation*, *Reaction-formation* or *Neurosis*, which latter condition points to unsuccessful repression. We will, however, return to this problem more fully later on. There are several other strongly marked impulses to be seen in children besides those which have just been described. Curiosity is one of these, and has two aspects, one of which is represented by the desire to look at another, the wish to ask questions or find out about another, whilst the other form expresses itself in the desire for others to look at, ask questions and find out about itself. These may be called for the sake of convenience, *active and passive curiosity*. We need not hesitate long to recognise how these impulses gain direct gratification in nursing, especially when we remember how often our childish desires were intimately coupled with the wish to see our elders and contemporaries without clothing. Once again, let us recollect that one of the reasons which made the Doctor so enviable, was because he knew all the hidden mysteries about which the child was so curious, and concerning which it could gain so little satis-

factory information. By becoming a nurse, therefore, or a doctor, we too may hope someday to be initiated into these stupendous secrets of life and death.

Another pair of impulses, no less important for the building up of character, because they happen to have been mentioned last, are the two aspects of *Cruelty*, that is, first, the pleasure to be derived from inflicting pain upon others, sometimes reversed into the wish to cause ourselves pain, and secondly, the wish that others should inflict pain upon us, particularly those we love, or the equivalents of pain, discomfort and hardship. Unless they were interested in suffering in some form or another, it is difficult to imagine any persons wishing to adopt the profession of doctor or nurse. Its constant association with the idea of disease and death would be too repellant, unless another mechanism were to come forcibly into operation, which, however, would still spring from the interest in pain but in a disguised form. Once more let us remember the process we described under the name of reaction-formation, and try to find out in what way this last pair of impulses might undergo modification by means of this influence, owing to the action of repression, as well as in the form of sublimation and neurosis, which is unsuccessful repression of the impulse. Where the first of these has occurred we find the wish deriving satisfaction in an altered and socialised form, but still sufficiently close to its original model to cause gratification to its owner. This is one of the few ways in which repression may be successfully dealt with. Unsuccessful repression usually leads to marked

unhappiness, general discontent and the crippling of our faculties, as well as the development of more or less decided neurotic character-traits, if not actual neurosis. On the other hand, repression may lead to reaction-formation which will be satisfactory or the reverse according to the form which is selected and the degree of exaggeration it assumes. Thus, this impulse of cruelty, repressed in early childhood in its natural and direct form, may come to consciousness later on in a socialised form as surgical talent in doctor or nurse, this we may call sublimation. Again, it may be successfully dealt with as reaction-formation, which will cause the person to become tender-hearted and anxious to relieve suffering instead of causing it, perhaps even to the degree of sentimentality. It can also motivate the wish to become a member of the Anti-vivisection Society, or of the Societies for the Prevention of Cruelty to Children or Animals. A similar tendency may finally create the gentle, sympathetic nurse. Then again, it may become repressed and find its way out in the neurotic tendency of an uncontrollable desire to tease others or to provoke them to tease him or herself; to bully or be bullied; by adopting the martyr rôle, and making a speciality of feeling thoroughly miserable for no adequate cause, and harbouring the belief that he or she is despised by all with whom he or she comes in contact.

Having this brief outline now sketched before us, we can more readily grasp that the nursing profession may very perfectly supply ample gratification of these early childish wishes, and thus furnish contentment to a high degree. But,

in point of fact, all nurses do not find either satisfaction nor happiness in their career or choice of duties. Another important element has crept in which is also an heritage from our early training and prevents a fortunate sequel. We were taught in those far away days, that the things we wanted to do were assuredly naughty, dirty, shocking, that no one would love us if we persisted in wanting them, and that no grown-up person would ever think of wanting them. At length *we* assimilated these views also, and came to believe that should we continue to indulge in these old wishes, or reanimate our interest in them after a lapse of time, we would irrevocably put ourselves outside the pale of decent society. We have continued to feel very guilty about our behaviour ever since, although we know really at the same time, that many others would not give our actions a moment's consideration had they been their own. Especially does this feeling cling and strangle our subsequent content should the original repression have been very strong, or should drastic measures have been taken to produce the desired result too rapidly in the first instance. Very precocious children, or those who have been patterns of behaviour at an early age, often develop some nervous symptom in later life as the aftermath of, or compensation for their too early acquisition of superlative virtue. Resulting from this feeling of guilt arising from the repression of the component instincts, we experience intense disgust for these actions and everything connected with them, ourselves included, for having once had wishes which we now consider revolting. But we must not ignore the

importance of the fact that it is rare for us to retain in consciousness the memory of these early wishes, or that we ever shared them with others; more commonly we preserve only our disgust and forget that we could have entertained any other opinion about these interests. In consequence of this feeling of guilt, which arises from the repression of our infantile wishes, many a promising career has been hopelessly ruined. For this reason we may never be able to reach the stage of comfortable or complete sublimation which arises from interests we were once forced to relinquish. The echoes of our Unconscious guilt will dog our steps throughout life, making success impossible, wrecking our brightest hopes, our most earnest endeavours. The most baffling factor connected with it, moreover, is that we are usually entirely unaware that the real cause of our difficulties lies within ourselves, and depends upon our reactions to childhood's prohibitions. We attribute them to fate, our evil genius, bad luck, anything else we please, for the true cause has slipped into the Unconscious, dragged down together with the wishes to which it belongs, and all that remains upon the surface are the consequences, of which unfortunately we cannot escape being aware.

LECTURE III

FAMILY REPETITIONS

Law of Repetition the secret of life. Rhythm. Repetition a support or a stumbling-block. Educative factor of Repetition. Imitation. Repetition and the significance of the Family. Matriarchy and Patriarchy. The leader and the lead. Herd Instinct. Fears of children repeat the early dangers of the race. Meaning to the child of father, mother, sisters and brothers. Its own position in the family. Significance of hatred, love and jealousy. Neurotic character-traits. The baby and its first love-objects. Repetitions in later life.

All those who have had anything to do with children are familiar with their oft-repeated refrain, "Do it again." The more often a well-loved game is repeated, or a favourite tale retold, the firmer hold it takes upon the heart of the little participant. Monotony is no bug-bear to the small child, no source of ennui or boredom. The adult wearies of the constant repetition long before the little playfellow. It is difficult to say precisely why this should be so. It seems to be generally accepted that the child prefers the familiar to the unfamiliar, the old rather than the new, and that the very rhythm produced by repetition frequently becomes a pleasure in itself.

We find rhythm indeed, which after all, is nothing but ordered repetition, forming one of the basic factors of life, as well as one of the fundamental roots of pleasure. Without rhythm or repetition, we should have but a very limited amount of music or art, because rhythm enters so largely into the structure of both. Repetition, again, is the foundation of what we call habit, and our behaviour, in the sense of the American psychologists, is constructed from the sum total of our habits, which nearly approximates to our meaning of the word *character*.

It is interesting to note the various ways in which children and adults react respectively towards repetition. As we have already mentioned, most children crave for it, only a few show the ennui and boredom of the adult faced with monotony. We may watch the development of these two types in the reactions of their elders. Some find in repetition and routine, support and assistance, while to others it proves the greatest stumbling-block. We usually find the majority of nurses of this first type, the extreme form of which shows the patient plodder, the person who will never say die, never give in, and someday becomes either perfect through practise or at least a competent and useful worker. It is not often these fail absolutely. Others, on the contrary, cannot work upon a basis of repetition. They can succeed with one supreme effort, rise brilliantly to one particular occasion, but are incapable of sustained effort. The repetition of any one type of activity produces in them a negative result, and they break down under the strain of monotony. This is a type

which will probably not be particularly happy in the nursing profession, nor one which is especially suited to it.

Repetition as an educative factor is comparable only with the mechanism of identification, or imitation, which was discussed in the last lecture. Indeed, they are essentially similar, since imitation is in fact a form of repetition, because the child is repeating the behaviour of the beloved adult. This leads us back to the early years of the child and the influence exerted upon it by the family. The Family, we must remember, is not merely a haphazard conglomeration of persons living together under one roof, but a group of individuals connected by the important tie of blood relationship. Should we consider the early history of the family, we find two great systems in use at different periods of cultural development, these being Matriarchy and Patriarchy, the mother or the father being paramount in each respectively. Various attempts have been made at different times in the world's history to sweep away these forms of government and to institute in their place, *self-government*, a state in which all are equal, but such a condition has always proved of doubtful stability or permanence. Before long this ideal of equality breaks down and a new leader arises, who once more represents the deposed head of the family. The present-day striving for self-government and equality, which is to be found everywhere, even in schools for quite young children, is a vigorous reaction against the subjection to the head of the family seen in the Victorian Era, and one which comes into direct conflict with the matriarchal

spirit of the hospitals. Here the Matron, representing the mother, holds absolute sway, and those under her rule tender their allegiance or the reverse, after the pattern of their first reactions towards the original mother-figure. It is quite possible that this factor may be one of the main reasons why the nursing profession fails to appeal so much to the modern girl, who belongs to the type which has been educated in schools where self-government has been the custom.

Throughout the history of civilisation, typical behaviour is to be observed between the old and the new generations. The children struggle to be free and the elders attempt to keep them in submission. Both are quite certain they themselves are quite infinitely superior to the other, and usually do not hesitate to show their conviction about the other's inferiority, an attitude which is by no means favourable to the mutual understanding of the two generations, or their peaceful existence side by side in the same community.

When we suggest that adult life repeats the former family conditions, what else do we include besides this faculty for finding the Mother in any older woman in authority over us? The family, we have already pointed out as a group of persons connected by a blood tie, so it must necessarily comprise other members besides mother and child. At the commencement of life the Mother is indeed the principal parent in the life of boy or girl, but a few years later, we usually find, that whereas the boy retains his early preference for the mother, the girl transfers the bulk of her affection to her father, feelings which we

may observe reciprocated by the parents. This transference of affection from one parent to another is a most significant step in the girl's development. In families where this normal division of affection does not exist, where love is strongest between parents and children of the same sex in each case, instead of between those of the opposite sexes, we frequently discover concurrently a large percentage of neurosis or neurotic character-traits in both parents and children. The first distribution of affection, which we have described, is essential to the healthy unfolding of the child's emotional life, which will of necessity be checked by any abnormal attitude on the part of the parents. Love is as necessary as food, air or sunlight, and yet in superabundance may just as dangerously react upon children. Investigation of the component parts of food, and the exact physiological effect of particular ingredients of diet has led to a systematised method of feeding children, regulated according to rules laid down by the study of dietetics. Similarly, research, which has been carried out with respect to the componants of love or affection, on the part of parents and children, both respectively and reciprocally, has shown us how important this factor is for the healthy mental development of the child, and that the interplay of the affection of both parents, and the child's distinct response to each individually is of cardinal significance for the maintenance of psychological equilibrium. Those children who at an early age suffer the deprivation of one parent, either through prolonged absence from home, or death, undergo a greater loss on

this account than is commonly realised, some of the ways in which its effect may be seen in subsequent life is only now being realised by means of the discoveries of psycho-analysis.

The relation of the child to other members of the family and his or her position in the home circle, exerts an important influence upon the character that is in process of development. The only child, for instance, finds this solitary grandeur, pleasant as it may be in some ways, somewhat lonely, and it is certainly a great disadvantage in later life, when the child is at last compelled to emerge from this splendid isolation to mix with contemporaries and learn to share, to give and take, which were lessons it had never had opportunity to acquire in its nursery. The spirit of comradeship that was excluded from childhood is hard to attain during school-days, or still more arduous in early professional life. Eldest children have much the same problem before them, but further complicated by subsequent additions to the family. At first they too were only children, but later on they had the hard task before them of surrending the major part of their rights, when a new baby came into the family. Nevertheless they retained their birth-right as the eldest, which is a privilege that is of great value to the child-mind, even though it be balanced by the necessity of acting as a pattern to the others, a duty which many children find exceedingly irksome, but all the same we find their position as eldest being regarded as a subject of intense envy on the part of their juniors.

The middle child occupies an awkward posi-

tion, neither eldest or youngest, having neither the rights of the first-born nor the privileges of the "Baby." Sometimes, when convenient, it will be classed among the elder members of the family, with whom it tries to compete, but is always outpaced to its helpless and hopeless chagrin. At others, when not wanted by the elder ones, it will be sent to the nursery to play with the babies. The early problems of these children re-appear in adult life as an extreme difficulty in finding their proper level, or in associating with contemporaries. We notice them seeking the companionship of those much older or much younger than themselves, having no accurate estimation of their personal capacities, occasionally computing them extravagantly above or below their true worth, according to whether, unconsciously, they are comparing their accomplishments with those of elder or younger brothers and sisters, or, later on, those persons whom they have put in the place of those rival competitors. Frequently the youngest child remains the spoilt darling, the pet. Its easy confidence of affection from all around allows an assurance and self-appreciation which is of inestimable value in the development of talents, unless hindered by a too exaggerated estimation of these gifts. Occasionally, we may find the youngest in the family suffering from a feeling of being unwanted. Such an impression usually springs from some foundation in reality, which all will realise as a serious handicap to a happy or successful life, and one which cannot do otherwise than cripple the individual's powers and capacities, unless the ambition to make good in

spite of everything, be present in a remarkably high degree. Again, it is possible for a youngest child, who is separated from other brothers and sisters by a considerable number of years, to develop quite different character-traits, also having their foundation in the actions of others. It may be that this late-comer is more delicate than the rest, being the offspring of parents who are no longer young, and on this account the little one will be treated with especial tenderness and indulgence by all around. Instead of accepting this love and care, however, in the spirit in which it is lavished, the weakly child will resent it heartily, and hate those others, whom it feels to be superior than itself, on account of their greater physical powers and regard their "spoiling" as evidence of patronage. The result of this in later life will be the finding of an implied insult in any subsequent act of kindness on the part of a person older than itself, which is resented accordingly, much to the surprise of the would-be benefactor.

In reviewing these bird's-eye sketches of the main characteristics of each child in the family, we must not lose sight of the fact that each member of the family entertains particular and typical feelings where all the others are concerned, and that parents may also regard the eldest child as a disturber of their peace and pleasure. More especially does this apply to the father, to whom the baby is a very serious rival where his wife's time, affection and attention are concerned. In our survey of the infant and its love-objects, we see the model upon which later repetitions are based. With a child's first en-

trance into schooldays, we have before us, it is true, a fresh life-experience, to a certain extent, but the pattern of reactions which has already been established towards previous persons and occurrences will be faithfully reproduced once again in this phase as before. In the persons of the teachers will be found again father or mother, for whose especial affection and attention those same children will strive, who enjoyed it conspicuously in the past. Whilst those who have become so accustomed to snubs that they have adopted an attitude of extreme reserve, will continue to be diffident and reticent with their elders throughout their school-days as well as in later life. Amongst school-fellows, they will find replicas of brothers and sisters, or former playmates, playing amicably with them or quarrelling violently, according to the previous model. Eldest children will find it tedious to be put at the bottom of a class and to encounter for the first time in their lives the feeling of being behind, instead of in advance of others, this feeling naturally corresponding with the degree of difference which existed between themselves and the next in age at home. The middle child will be again in the same anomalous position as before, hovering between seniors and juniors, never feeling particularly at home with either group and always prepared to imagine that playmates consider it in the way, and ready to disappear into a corner to mope alone or to indulge in day-dreams. As we have already mentioned, younger children, where there is a gap of several years between themselves and those next in age above, aften become extremely

disconsolate at the inevitable comparison of their shortcomings and failure with the achievements of the others who are so much older. The disparity in age and execution between them is too great to be bridged, or to provide the smallest chance where competition is concerned. The elder ones feel, and do not hesitate to pass on the information to the little ones, that they are stupid and babies, not to be able to accomplish feats which to themselves are now child's play. The younger ones do not realise that the intervening years make equal progress utterly impossible, nor do the adults in charge of such children often realise this difficulty, or if they should do so, they do not act upon their realisation to prevent, if possible, the grave complications which may arise from situations of this description. They may even make use of the invidious comparison in the hope of spurring on the younger child to fresh efforts. But alas, their intentions fail miserably, as one would expect. The child is handicapped beyond its power, and is likely to exert itself dangerously either physically or psychologically, if not both, in the attempt to compete with those older and bigger than itself. On the other hand, we may see the more usual result taking place, that it turns away disconsolate from the unequal contest, comes to the conclusion that it is itself abnormal in some way and therefore it is of no further use to exert itself to follow the lead of the others. It will make no more efforts and content itself with the alternative course of falling back upon the compensations of the phantasy-life, and obtaining through this medium, day-dreams, that

which it could not attain in reality. The one compensation that middle children gain, however, is to be found in this connection. Although they may be backward in comparison with their seniors, where juniors are concerned, they have a real opportunity to feel their superiority. Consequently, one may frequently find children who have been somewhat slow in developing in their youth and for this reason are considerably behind their age-equals in their attainments, both in childhood and in later life, prefer to cultivate the society of those who are younger, less clever, or of a lower social status to themselves, in order to maintain this compensatory equilibrium and salve their pride. Youngest children do not suffer from this particular disadvantage as much as one might infer from the lot of middle children, for one reason among others, that one so often finds an increase of intelligence as one proceeds down a family from the eldest to the youngest. Besides this, the youngest is often given a start by its elders, just because it is the youngest and the favourite, the baby, whose inequality in age may be large enough to be conspicuous. Indeed, this handicap given to the youngest is frequently a sore subject where the older members of the family are concerned, who bitterly resent this mark of favour.

And what specific reactions may be expected to appear in the only child? School-days are usually a reign of terror. Other children being neither understood nor liked, because until now adults have been the only companions to which the child has been accustomed and whose ways

are at all familiar, especially in the form of giving up to him and allowing him to win; other playmates having the propensity of wanting to win themselves. Organised games, such as cricket, football, tennis, find no favour because they must be played according to set rules, which the little despot cannot easily twist round to benefit himself. In order that a game may be attractive to an only child, he or she must direct the actions of the others and win every time, and hence it is scarcely to be wondered that other children will not welcome such a playfellow.

In the years to come, school-life also becomes an incident of the past, wearing down a little more deeply the lines upon which the character is being constructed. Twice now has the pattern been repeated in its entirety, and countless times in detail. When school-life also becomes an incident of the past, a profession or marriage takes up the same refrain and constructs a fresh set of variations upon these old familiar themes, but these must be left for discussion in later lectures. Again and again do we repeat our old reactions, these same types of behaviour, but never, of course, are we aware that we are doing so. It is only when we begin to realise that we have set patterns upon which we act under certain circumstances, that the counterspell begins to work, by which means we eventually contrive to escape from the enchantment that held us captive in these old bonds of our childhood, which compelled us to behaviour that was sometimes directly in opposition to that which we imagined we wished to do, say or think.

During one's life in hospital all these repetitions are to be found again and again on every side. We have already likened the hospital to a Matriarchal institution, in which the mother holds supreme power and her subordinates render implicit obedience or opposition as they did in the days of old towards those who originally filled the mother-rôle. The Ward Sisters may also represent mothers, or much older sisters; the Doctors, fathers; the newly joined probationers are the youngest in the large family, and in between come the numerous "middle ones." The attitude of the probationer towards the others, her love, hatred, jealousy or suspicion, kindness and helpfulness will be modelled upon the same old plan. And not *her* reactions alone, family repetitions are going on upon every side, all, unknown to themselves, are fitting others into this pattern of the past and regulating their behaviour to them accordingly. The nurse regards the Matron, for example, as her mother, and the Matron beholds in the nurse her daughter or her potential daughter, a representative of the coming generation, and behaves towards her after the fashion of her own early wishes and repressions. But the details of the problems arising from these questions belong more correctly to the next two sections, the *Nurse and the Staff* and *The Nurse and her Patient*, and we will leave their details for the present, so that they may be dealt with more adequately in their proper place.

LECTURE IV

THE NURSE AND THE STAFF

Repetition of childish events. Two types of person, Gregarious or Extrovert—Solitary or Introvert. Influence of the large or small family. Nurse finds again the family of her own childhood in the Staff. Significance of the Inferiority—Superiority Complex. The wish to be a man. Development of the Homo-sexual or Heterosexual love-objects. Hospital friendships. Mother and child, lovers, rivals. Reactions among members of the Staff.

In the last paper, we discussed the importance of the family situation as the basis of the subsequent development of character, and remarked how prevalent is the tendency to repeat scenes and to re-animate those persons who were important to us in our childhood, as well as to live over again our old loves and hatreds in a fresh setting. We saw, too, in what ways these tendencies may show themselves once more in hospital and how significantly they may influence the relationship between nurses and authorities, or nurses and colleagues respectively. In this lecture we will pursue this theme still further and trace the course of hospital friend-

ships and antipathies, as well as the roots of apparently unaccountable dislikes or preferences on the part of some matrons or head sisters for particular juniors; the foundation of the attitude of some nurses towards their seniors, and their tendency to fight desperately against any form of authority that confronts them; as well as to treat rules as though they had been made with the express purpose of annoying them personally, so that the only sane behaviour in this case is to break them all as expeditiously as possible. All these are familiar attitudes that one meets, unfortunately, only too often in hospital. One seldom discovers a convincing explanation of these manifestations, however, unless we enlist the help of psycho-analysis and psychology.

Should we divide people roughly into two groups, one may separate them thus, to begin with:—

1. *The Gregarious or the Extrovert type*, who lives gladly with her fellow human beings, because she likes them and has no objection to a communal life; in fact she prefers the life of an institution to a lonely existence with too much of her own company.
2. *The Solitary or the Introvert type*, who shuns human companionship and prefers her own society, seeking a secluded life in preference to the companionship of others.

First let us discuss *nurses* belonging to these two types, and their many characteristics. We are all familiar with the gregarious nurse. She

is cheerful and popular, as a rule, loves the society of her fellows and becomes restless and aware of a sensation of loss when alone. Her years of training pass pleasantly, marked by the milestones of many friendships, and she is seldom oppressed with a feeling of heavy responsibility, or strain, as are so many of those who belong to the other group, who are usually prone to an exaggerated sensitiveness where their own shortcomings are concerned. It is true that they may find theoretical or technical study both irksome and difficult, but usually, to balance this disadvantage, practical work and the personal management of patients seems to come as though by instinct. They feel the way to handle them, rather than think it out, as do others. Living upon the surface of life rather than in its depths, they may give the onlooker the impression of being superficial, but frequently this may be more in semblance than reality. Books occupy a very small proportion of their leisure hours; gossip and games, expeditions and tea-parties are recreations in which their souls delight. They do not bother to any great extent whether others like them or not, and consequently are often general favourites. Their chief failing may be that they are inclined to cherish a rather too high opinion of themselves and their capacities, the reverse computation to that of the solitary type, which is frequently too low. It is remarkable with what persistence these beliefs will be held when even clear proofs to the contrary may be close at hand. Another tendency of the gregarious nurse is that she may place a rather too high value upon her

friendships and pleasures and meanwhile overlook the claims of her duties and responsibilities.

2. *The Solitary or Introvert type*, however is the exact antithesis of that which we have just described. When "off duty" she is generally to be discovered by herself, reading or at needlework, studying or going for long walks by herself. In the wards she pursues her work without much conversation with patients or colleagues. Frequently we may find her heading examination lists and she will be ultra-conscientious in carrying out her duties to the last letter. Her besetting sins may be scrupulosity and meticulousness, if her habitual attention to detail be carried to extreme. She is likely to break down from over-strain and may eventually be recognised as suffering from some manifest form of neurosis, although it will probably not be acknowledged until she has been its victim for many years or it becomes so marked as to be self-evident. Should anyone gain her confidence sufficiently to hear her views, and opinions of persons and things, or life in general, it will appear that she worries over trifles, believes authorities to be dissatisfied with her work, and that both her fellow-nurses and patients dislike her. She makes friends with reluctance and difficulty, hanging back should another make an advance, yet too shy to take the initiative. Secretly, she envies the happy companionship of the others, although appearing to hold it in contempt as a waste of time; adopting this attitude because she does not know how to begin to enjoy herself, or the society of others. If she succeeds in making one

friend, that is as much as she may be expected to accomplish, and she will watch her jealously lest another steal her away. Life in an institution is by no means congenial to her, and once her training is over, she will most probably take up private work or district nursing in some remote village where institutional life is out of the question.

The predisposing causes of the distinguishing characteristics of both types are to be sought in the childhood of the individual, and may frequently be recognised as the result of being brought up in large or small families, the former producing the extrovert, the latter, the introvert, *as a rule*, let us say, especially when the family consists of one child. One says, "as a rule," because large families may also foster exclusiveness in this way, each member of a large family becomes so much accustomed to always having some of themselves accompanying them, that they are inclined to shun others, who do not belong to their own family, as well as being prepared to look down with contempt upon those who do not belong to them, which is a feeling comparable to the "Clannishness" of Scots, the clan, naturally, being but an extended form of the family. There is, however, yet another factor which we must not omit, and one which until now we have scarcely mentioned, if at all, this is the feeling of Superiority or Inferiority, which may be particularly devastating in its effects upon the development of character, and at the same time bears no comparison with reality. Proofs of the incorrectness of this self-valuation stand for nothing to the persons themselves,

although appearing quite convincing to others, as we have already mentioned in a somewhat different connection. This serious hindrance to our progress or happiness may often be accounted for by the family attitude adopted towards its sons and daughters respectively, and the consequent wishes of its members to have been boys or girls. Should the sons have been regarded as the most important, the girls will naturally feel inferior and wish that fate had made them of the same sex as their brothers, continuing to be eternally disappointed with any subsequent success they might happen to achieve, because they have found it impossible to rectify this initial failure. The frequent result of this envy of the brothers, will be an attempt to imitate them as nearly as possible, in clothes, manner of walking, wearing the hair, mannerisms, and description of the work which they endeavour to undertake, or, under the influence of this feeling of inferiority, and by means of the mechanism of reaction-formation, the girls will repress their envy into the Unconscious, whence it may reappear as scorn of the entire male sex, and anything and everything to do with men. They will glorify women and women's work, proclaiming that there are few things, usually considered men's jobs, in which a woman could not excel, if she were really to put her mind to it. Here we see conscious superiority expressing repressed inferiority. Again, it is possible for conscious inferiority to take the place of self-punishment on account of feelings of superiority which have been repressed, because they met with particularly severe handling in childhood.

These feelings, often entirely unconscious and reaching consciousness only through indirect manifestations, may become a vast obstacle to a woman, who tries to find satisfaction in a professional life. To many, it has been a most poignant grief to realise, as they grew older, that there was no possible chance of becoming a man. Many actually cherished this belief until fairly late in adolescence, albeit in secret and only half-acknowledged even to themselves. They felt that perhaps their parents were to blame in the matter, and had in some way influenced the determination of their sex, or could have done so had they wished, and according to which parent they consider to have been to blame for this disadvantage, under which they are now bound inevitably to pass the rest of their lives, they will continue to bear a grudge against men or women respectively and put to their account every other failure to get on in life. Sometimes also even the hero-worship of brothers is but an outcrop of this unconscious jealousy, but the effect is more usually expressed by direct, conscious envy and dislike which spreads from the brothers of the individual to brothers in general. This means that, all men are hated for some reason or other, an attitude very frequently found in nurses, and one which often manifests itself when talking about the husbands of their women patients. It is a little conflicting when one tries to determine to what extent this feeling respecting men has prevented many a nurse from getting married, although consciously she may have thought herself only too ready and anxious to do so; but it is not infrequent that a

conscious or unconscious jealousy of men will influence the whole character of a woman to such an extent that she is by no means attractive, especially to men. This power of attraction or repulsion of members of one sex for the other, however, has so many various psychological roots, besides this one, that we cannot go into them all at present.

Because the attempt to gratify the wish to be a man has failed, the conviction impresses itself upon the individual, " I must then fail in everything." Outwardly, it may take the form of excessive ambition which no achievement will be able to satisfy, because the actual object of the striving, *to be a man*, cannot be attained. This desire frequently shows itself unmistakably in the nurse's attitude to other members of the staff and may be particularly remarked in her behaviour to members of the medical profession, who are men, male medical students, and where friendships with and antipathies to men are concerned. The phantasy-life, about which we will talk at length later on, shows this wish to be a man, appearing in countless forms. The adolescent girl dreams of herself as a beautiful youth, a prince, or a girl who enjoys all the freedom of a boy, and is the companion and friend of men, living with them and sharing their adventurous life. She thinks of herself as an explorer, a traveller, wearing men's clothes, and hunting big game. The close-cut hair of the women of the present day is but another silent witness of her dissatisfaction with her own sex, and her longing to exchange it for the opposite one. In hospital friendships, those of women for women, in

modern novels, and the domestic life of many women workers, we find the phantasy being carried into reality. A fast friendship springs up between two women, one often of a marked masculine, the other of a more feminine type. They frequently set up housekeeping together, indulge in veiled or manifest erotic gratifications, allowing free rein to their emotions, and sometimes even referring to one another as "my Better Half." This subject has been elaborated in several modern novels, and is typical of the age in which we live, being partly the consequence of the present day shortage of men, owing to the War, but also largely due to the unconscious wishes of the woman and her attempt to gratify them in reality.

This preference for members of the same sex, which is usually termed *homosexuality*, as opposed to the more normal form, to which the name *heterosexuality* has been given, has been found playing an active rôle at various times in the history of civilisation. Under the ban of the law, homosexuality in men has met with a recognition that has never been accorded to the same manifestation in women, although it has been none the less common. Sappho wrote many of her most impassioned sonnets to other women, and Shakespeare to another man. Friendships which appear far from emotional between two individuals of the same sex, may usually be found to bear some trace of the same force at work, should we take the trouble to look beneath the surface. On the other hand, it may also represent another tender bond, and repeat the mother-child situation. Very warm and enduring

friendships spring up between older and younger women; the elder, craving for a daughter to care for and advise, the younger seeking the support and sympathy of a proxy-mother, to whom she may take all her troubles.

Friendships may also be based upon the possession of like or unlike qualities, but what about antipathies, because we cannot come into close contact with our fellow creatures without noticing how much some people attract, while others repel those about them, although as a rule we are at a loss to know why this should be the case. It may be that we love or hate them because they remind us of someone else whom we formerly loved or hated, but also because the person may possess some quality or characteristic after which we have striven, but not to our complete satisfaction, or it may be some fault which we have failed to conquer entirely. There is nothing we dislike quite so profoundly as our own faults when we see them in another, and we often transfer our feeling of disaffection from the fault to the *person*, who possesses it.

Let us see now how these family revivals take part in the affairs of hospital life and how they fit in with the relationships of different members of the staff one to another. Each individual of the staff reacts upon each of the others, and, in turn, is stimulated by all the others from the eldest to the youngest, male or female. The staff is largely a community of women and as such must be taken into consideration as reflecting to some extent other female communities, which may be seen in the households of the East, and in those tribes where the men are absent hunting or fish-

ing for many months of the year, leaving the women alone. Some may take exception to the fact that these are not examples of exclusively feminine communities, in each is a certain number of males, at times, whose visits make a great impression upon the women gathered there, and to some of these, the men stand in the relation of husband; there are also children. This I admit makes some difference, but not so much as might be supposed, for we must not forget that hospital staffs are seldom without their quota of men, the honorary visiting staff, resident physicians and surgeons, students, etc., unless there should be any women's hospital, staffed and run exclusively by women, for women, and where men are purposely excluded, here the psychology of the institution would on this account alone be particularly interesting and quite a speciality. But to return to our more typical hospitals and similar institutions. We find the Matron presiding at the head of the family, as mother, as it were; the senior sisters as the aunts, perhaps as pseudo-mothers, of slightly less importance, or very grown-up sisters; the other sisters, and the senior nurses, gradually falling into line as the other members of the family until we arrive at the probationers as the babies—the new arrivals. These in turn are allowed some special privileges on account of their immaturity, and yet, at the same time, are kept very much in order by their seniors. All these persons consciously or unconsciously accept their status as members of the hospital family and continue to react as they used to do, when originally occupying this position, or as they saw others behave and hoped some day to

have an opportunity to copy. The new probationer, on her arrival, finds once again that she is in the position of youngest, that she is without the responsibilities that others are burdened with ; she may even be received by some elder nurse or sister and petted as the baby, until, she, in her turn, ceases to be the most junior of all, when a new group of young aspirants comes upon the scene. How will she then take her dethronement ? Will she be glad, feeling that she is growing-up, or will she sulk and constantly wish herself back in the position of the girl who has ousted her, in the same way that she may have been jealous of a baby sister years ago. This is frequently what is happening when we find a young nurse, who made a very good start, ceases to maintain her satisfactory progress once the first rungs of the ladder have been left behind. Her attitude towards those above her is just as interesting to watch as that towards the younger ones which we have just briefly sketched, and equally truly reflects her old home life. She may look upon all her elders as infinitely superior to herself and humbly strive to imitate them in every respect, or she may rebel wholeheartedly against them, everyone in authority being anathema to her. We often see this attitude in nurses, whose hospital career, while they are in training, is one long series of covert or even overt rebellion and defiance. They only narrowly miss being sent away, because it is recognised that behind this unfortunate exterior, lie good nursing capabilities and ability where patients are concerned. For reasons that will be described later on, or, for yet another cause, which we will ex-

plain at once, it is possible for the Matron, because of her own unconscious mechanisms, to react towards the thoroughly tiresome nurse in a quite unlooked-for manner. One would expect her to incur the Matron's just displeasure, as does another for some quite trivial cause, but instead we find her treated with remarkable lenience, and suspect that for some reason or another, the Matron is finding in this unruly girl, either the reflection of herself, or some other dearly loved person of the past, which causes her to excuse her misdemeanours. This is a quite possible solution of the problem, and for precisely similar reasons, she may treat another harshly, or, from the commencement expect a certain type of behaviour from a probationer, because of some resemblance in her to one whom she previously knew. One peculiarity attaching to these instances, is that the Matron would in all probability deny these identifications, and give as the reason for her behaviour some quite superficial reason; she was sorry for the girl or that she had no home, and if she were dismissed from hospital what would become of her. As children these troublesome nurses bore the same character, disobedient, and obstinate at home, ringleaders in every kind of mischief that was on foot at school—openly hostile to all who were over them in any way, and who might justly expect any degree of obedience and respect from them. If ever they should manage to stay long enough in any hospital to complete their training, and finally attain a position of authority, they will probably make valuable members of the community, but even then they will not cease to be a

thorn in the flesh of any person or committee for whom they may be working, and will never forget to exact full toll of obedience from those under them.

As a nurse climbs higher, the authorities, her superiors, decrease and her inferiors increase, watch and see how she will treat them! Does she ignore them, always striving to be with those above her, like the little girl, who wants to be downstairs with the grown-ups; or does she turn to her juniors for companionship, those to whom she may fancy she is rather an important person, and whose presence is somewhat of an honour, like the school-girl going to play games with the little ones up in the nursery; or, perhaps she scorns the nursery folk altogether, trying hard to forget that she was ever one herself. What, too, is the position she takes up respecting her contemporaries, is she friendly with them, does she shun them, as tiresome people who might waste her time if she had too much to do with them; or does she treat them as rivals, whom she wishes to outstrip and leave behind? To answer this question we must discover the type to which she belongs, the gregarious or the solitary, which will acquaint us with many of her secrets, and we must ascertain the details of her old position in the family circle, an elder, middle or younger child, as well as try to find out the extent of her inferiority-superiority complex and many other things besides which will give us considerably more information about these wishes that we may expect to find underlying her attitude to inferiors and the rest.

The Matron, we have already mentioned,

stands for the mother to all equally, and it is scarcely possible to believe that consciously or unconsciously, she too upon her side, does not regard all the members of the staff as her children; good children, to be praised and rewarded in some way or another, bad children to be scolded or even dismissed, as the case requires, in her estimation. It is for this reason we see so many interesting and curious reactions between matrons and nurses, and *vice versa*. The automatic deference and obedience expected and usually obtained, is a survival of the days when "a little girl was seen and not heard," a maxim which is quite literally carried out in the diffident silence at a meeting where a matron is present, although not in an official capacity, followed by a voluble outburst of discussion and criticism, when her repressing influence is removed. It is seldom that we find a matron treating even senior sisters or nurses as thoroughly grown-up and dependable, much as it is rare to find a mother who realises that her own children are reaching maturity, even if they have not already reached it. The nurses, on the other hand, may grumble about her, pretend they would like to resist her authority, or willingly submit to it, but nearly all live in awe of it.

These reactions between members of the nursing staff create considerable friction in the wards of a hospital, friction which cannot help exercising a deplorable effect upon the patients, such as may be seen upon the children in a home where the harmony is none too good between their parents. It may, however, be frequently noticed, although without recognition of its cause, by members of

the nursing staff, or by authorities. Often its origin will be ascribed to many other causes without the true one even being suspected. The juniors will blame the tyranny of the seniors, the seniors say that it is the fault of the modern insubordinate juniors, but no one will discover that each makes his or her contribution to the general atmosphere of discomfort, because he or she is repeating her childhood's behaviour in relation to those around, both older and younger than him or herself, and that jealousy is one of the paramount features in the emotional situation. Elders are jealous of the juniors, because they are younger, they have their chances all before them, and conditions are much better than they were some time ago, a fact they are never tired of reminding the juniors. It is a manifestation of the ancient struggle between the old and the new generations. The juniors, on their side, are envious of the authority of their elders, their knowledge and experience, as well as their position, forgetting that it has been won by dint of hard work and patient waiting, and that they too may also arrive at the same envied position later on.

We mentioned above, that hospitals were not entirely feminine communities, that there were some men, even if proportionately few, in comparison with the bevy of women that one finds within the four walls of an instutition. In this way the family history may be completely restored. Fathers and brothers will not be forgotten. The former are represented by the honorary visiting staff; the brothers, naturally, by the students and residents. Once more old

reactions will creep into the present events, former situations will be found in reality which will revive memories or recall old phantasies, connected with a loved or hated father or brother as the case may be. Little or big jealousies, love and hatred will weave themselves around this person or that, sometimes with a slight foundation of truth, at others entirely imaginary. Friendships may be broken by *this* father-imago apparently noticing one of his pseudo-daughters more than another. *That* one may have seemed vexed and dissatisfied with the work of a nurse who secretly indulges in considerable hero-worship of him, which will rudely shatter her romantic day-dreams.

However, it is not always these feelings that are uppermost in the mind of a nurse, where the male members of the Hospital Staff are concerned. One may often find, that consciously, or unconsciously, they are averse to them. Expressions of this attitude reach the surface in clumsy actions, whereby articles will be dropped or knocked over just when they are wanted ; or instruments, which are the private property of one of the honorary surgeons, will be mislaid. The misadventure, while calling down censure upon the nurse herself, for her want of care or forethought, is of still greater inconvenience to the other, towards whom it was directed, as also when a nurse in turning round hurriedly, knocks over and spills a bottle of iodine or strong disinfectant, over the clothes of one of the visiting staff. Many of the so-called accidents which happen in hospital are but the manifestations of unconscious hostility directed against the person who

chiefly suffers from them. Nurses may once more be sub-divided into two classes, from their attitude towards the men with whom they are brought in contact over their work. Those who regard them *positively*, that is, who like them, as once they admired fathers or brothers, and with whom they are ready to indentify and work; and those who are *negative* towards them, that is, they dislike them and are hostile and jealous where they are concerned. The basis of this last attitude is one we have already mentioned in connection with the woman's feeling of inferiority, and her wish to be a man. This wish, from its position in the unconcious, will give rise to expressions such as we have here described, but the wish may at the same time be operating consciously. This feeling reaches a more overt manifestation between members of the nursing staff and the medical students, male or female, but this is so familiar that we need not describe it further, except to explain that the marked hostility of the nurse towards the medical woman (and *vice versa*), arises from the fact that in her, she finds another woman, who has succeeded in carrying out her masculine identification, more completely than she has had the opportunity to do herself, and that the woman medical student despises the nurse for being still manifestly, what she is struggling to deny in herself, a woman. Unconsciously the doctor always represents the male, the father; and the nurse, the mother, which is partly responsible for her occasional unpopularity.

Round and round whirl these old repetitions, bewildering in their intricacies. Unfortunately

they are usually unrecognised, because when we come to realise in what a high degree we attach emotions to a present-day individual from the reservoirs of the past, because he or she temporarily replaces one who formerly meant so much to us, the realisation goes far towards breaking the bondage that enslaves us. Here we may find the secret of most of the friendships and antipathies that exist between members of the nursing staff. The power of transference, by which we put one person in the place of another, and love or hate them in the same way that we loved or hated, obeyed or rebelled against the original, is usually an unconscious process. We do not know that we are identifying two persons, and that our present behaviour is but a revival of a past event, although it helps us to control the difficulties which may arise out of it, should we come to recognise it.

Again, we may form friendships with those who unconsciously remind us of ourselves, or with those whom we should like to be, and treat them as we should like them to treat ourselves. For the same reason, we may hate them, because we recognise some unpleasant characteristic of our own in them as being particularly disagreeable, and wish to avoid it, without, however, recognising it as a trait of our own, which is what was meant by the phrase, "a fault never looks so unattractive as when seen in another." Erstwhile rivals may occasionally become fast friends, but should friends fall out because of jealousy or any other reason, none make such bitter enemies.

We like those persons and are ready to make

friends with them who subtly flatter us by causing us to appear more attractive in some respect, often through comparison with themselves, and hence we find the frequent hospital friendships which may be seen between contrasts, nurses who are the opposite of one another in some way, a clever one and a dull one, tall and short, dark and fair, sometimes old and young, but this last is more often an expression of the mother and child phantasy, the one wanting to mother someone younger than herself, and the other longing for somebody upon whom she may lean, who will help her and do things for her. Or, we may find friendships based upon similarities and the fact that at least the friends resemble each other outwardly.

Hospital friendships may be a dynamic force that produces excellent work, or they may suck all the energy from both participants. Such a passionate alliance, however, is seldom of long duration. It soon resolves itself, leaving each exhausted for the time, but recovering after a while. Hospital life is a kaleideoscope of friendships and hostilities, because in these institutions, the Unconscious of each individual receives so much stimulation from the work, that infantile wishes and strivings clamour for some gratification to keep their balance, and this gratification is not always easy to attain.

LECTURE V

THE NURSE AND HER PATIENTS

Gregarious and Solitary Patients. Mutual misunderstandings between patients and nurses of these different types. The tendency of institutions to standardize. Difference between hospital and private nursing. Refractory patients. Importance of the superlative degree. Mother and child situation between patients and nurses. Superiority Complex in Patients. Nurse's likes and dislikes. Their susceptibility to flattery.

The two types, gregarious and solitary, which we described in the last lecture, are to be found with equal prevalence among the patients one is called upon to nurse, as amongst the nurses themselves, and one may say with confidence, that the characteristics of the two types become more, rather than less pronounced during illness. Thus, for the gregarious person, the loneliness of illness proves exceedingly irksome, and a marked improvement is often apparent from the moment the doctor advises calling in a trained nurse, or suggests that it may be desirable to move the case to a hospital or nursing home. Such a man or woman has no objection to the

companionship to be derived from the nurse's society, and is equally ready to welcome a sojourn in hospital, because it means avoiding the solitary confinement of illness at home, where perhaps there may be no one who can spare much time to attend to the wants of an invalid, or the general attitude is one of protest against the extra work which it entails. Under these altered conditions it becomes rather a pleasant holiday than otherwise, unless the symptoms themselves be too distressing, and one finds many working men and women, professional or married, who are in no hurry to shorten this period of respite away from work and the worries connected with the home, or their professional duties. To lie tranquilly in bed and rest while they see the busy life of the nurses going on around them, to take part in the talk and gossip of those who are well enough to move around the ward, their bed neighbours, or with the nurse herself, if it be a private case, all helps to break the monotony of the long hours of sickness. Certainly gregarious people find these conditions by no means too trying. But for those who must be reckoned among the solitary group they are absolute torture. As a rule these persons are shy, reticent and quiet, their chief desire is to be left alone, they are quite content to lie still and meditate, and particularly when ill do they dislike their fellow creatures and their constant company. The presence of a nurse perpetually in the room drives them to distraction, and the nurse upon her side finds them no less difficult to please, mainly because she herself may be of the opposite type, and frankly does not under-

stand what her patient is suffering, over and above the disease. So many nurses feel that it is their bounden duty, under all circumstances, to be cheerful, and strive their utmost to rouse their patients to be cheerful too, and show some interest in the things that interest themselves. They do not realise that there is a very large percentage of persons who never show their cheerfulness in an exuberence of high spirits even when well, nor do they make a speciality of taking an interest in things, but rather the reverse. Their attitude towards life is to be bored, and they wish to remain bored. It is of little use to hope to transform the psychological make-up of a person during illness. Therefore, the best meant efforts in the world are but a labour in vain for one thing, and lead to the exasperation of the patient for another, not to mention the disgruntlement of the nurse. I have repeatedly noticed this battle of cross purposes going on between patient and nurse and have observed that it usually ends in mutual annoyance and dislike, mainly because of failure to appreciate differences in temperament; both take for granted the other *must* know that it would be *so* much better if the other would only behave like herself.

One of the first things that would be useful to instil into probationers is that whereas all women may have much the same physiological structure, and that the anatomy of men varies but very slightly, no two human beings have *minds* that are precisely alike; no two persons can be expected to behave in identically the same fashion under the same circumstances, and that

there is seldom one right way of acting or thinking, which makes all other different ways wrong. In fact, they cannot see that one person's ideas of right and wrong may be just as good as those of another, in spite of the fact that they vary. The origin of this posivitism, as we may call it, is this. When we are young we are so very positive, and in addition, the young nurse, during her training is obliged to learn so many unvarying rules, so much that must be carried out by herself, without a hair's breadth of variation, or alteration in detail, that it is no doubt almost impossible for her concurrently to keep an open mind where the likes and dislikes of others are concerned. Some people, who are not entirely of the usual conventional type find it more easy to accept this state of affairs, perhaps, than the more stereotyped characters, but the unconventional person will find hospital training correspondingly arduous. It is largely a matter of early home training and example what kind of attitude is afterwards assumed towards variation in others. Unconventional people as we have just mentioned naturally find life in hospital, struggling with the problem of adhering to regulations and at the same time trying to preserve the individual life of their own souls and those of their patients, a very strenuous affair, for it is not easy to define limits to the standardized behaviour required and exacted in hospital. Once more going back to the early home environment, should the mental atmosphere have been one of criticism and intolerance, should the children have become accustomed to hear constant censure of others because their actions

or opinions did not coincide with those of the heads of the household, who consciously or unconsciously held themselves to be the only criteria of knowledge, as well as paragons of behaviour, those children will doubtless adopt the same attitude and conform to the opinions of the parents, rather than run the risk of incurring a like contempt from their elders, for their own different course of action and thought. In their turn they will criticise others and regard them with equal intolerance. It requires a strong character and a large percentage of the spirit of rebellion to repudiate the home attitude, to criticise it, and having weighed it in the balance and found it wanting, to set one's face resolutely in the opposite direction. Such an occurrence and character trait are more frequently to be seen among the boys in a family rather than the girls. Women, on the whole, are more apt to be conservative than their brothers, due mainly to the early trends and because of their predominant infantile wish to be like father or mother, whereas the son, in addition to this wish, is also imbued with the desire to rival his father and improve upon his actions and ideas.

The cardinal differences which may be observed between conventional and unconventional people arise from their early training. Indeed, we might not only find the anomolous result of children becoming unconventional by departing from the ways of conventional parents, which is the usual course of events, but children also breaking away from an unconventional home training to become conventional, which would be still a departure from the conventions of their parents, and be regarded

with equal intolerance by them. Tolerance should not be confused with unconventionality, because many of those whose lives are studiously modelled upon the pattern of unconventionality, regard others whose behaviour is more stereotyped and regular as most obnoxious. In point of fact, much of that which passes for tolerance, is not a deliberate attitude of broad mindedness, but frequently indolence or mere absence of any very definite opinions; whilst those folks who have made the adherence to tradition almost a religion, may be regarded as nearly approaching those races who actually practise ancestor-worship, because the love of tradition is in reality love of our forefathers, whose customs we are so loath to abandon.

One has often heard the opinion expressed that it used to be possible to determine to which of the chief monastic orders a monk belonged by the cast of his countenance, that is through his features and expression. This might also, to a very large extent, apply to nurses with reference to the training schools through which they have passed, for it is frequently possible to detect the training school of a nurse by the same means, even when she is dressed in a quite noncommittal uniform. During the war, it was always interesting to hazard a guess where the many nurses whom one found gathered together, all wearing the scarlet and grey of the Army, had passed their years of probation and training, and one was often correct. The different schools establish their distinct ideals, handing on tradition that indelibly sets its stamp upon the face, character and manner of the nurses training within its

walls. From this we may conclude that hospitals deliberately strive to cultivate a standard, to inculcate a type; which leads us to wonder whether, this being so, it would be possible for nurses, who have been or are in course of being trained to correspond with a precise pattern or ideal themselves, at the same time to carry in their minds the fact that for patients the same process need not be essential. *They* need not conform to type or to rules. But is this strictly true, it may seem possible and a necessary condition to those who have no practical knowledge of the inside working of a hospital, but the patients who are in hospital *are* obliged to conform to the most rigid rules and conform to the pattern that has been laid down by them, as strictly as obedience was enforced to the laws of the Medes and Persians, whose characteristic was that they were unalterable. This strict discipline may be possible in hospital, where the atmosphere is as redolent of regulations as of disinfectants, but it cannot be transplanted into private houses, which mistake nurses often attempt to make, especially when fresh from their training schools and new to this other important branch of the work. They do not realise how different their methods must now be, nor do they grasp that it requires much more tact and initiative, as well as being full of subtle pit-falls, where one must stand or fall upon the merits of one's own wits and character. Now there is no one but the doctor to back one up and he cannot always be relied upon to do so, instead of the whole weight of the institution with its rules and bye-laws to call

to one's assistance, should a patient prove refractory.

Sooner or later every patient becomes refractory, and in her method of dealing with this intricate situation we will see of what stuff the nurse is made. Upon many other occasions we have remarked that people, particularly when ill, repeat their childish behaviour. Now all children are fractious at times, when they are out of sorts, when they are convalescent, if they cannot have all they want; on which occasions they will vent their bad temper upon the nearest and most convenient person, the one whom they feel to be with-holding their desire or one whom they think might be intimidated into using her interest upon their behalf. The nurse fits into every category and becomes the recipient of their crossness for one reason if not for another. The nurse, upon her side, also deals with the situation after a model from her childhood, and presumably acts in the way others acted in regard to herself; unless she has changed her behaviour into the exact opposite, and actually does unto others what she would rather they had done to herself. She may scold, she may threaten, she may lose her temper or sulk, report the patient and enlist authority, which after all, is tacit surrender on her part, and proof that the situation is beyond her, or, she may take the wisest course, refuse to be perturbed over the state of affairs, appear to be unconcerned and wait until the trouble blows over, which it usually does fairly soon, unless additional fuel has been thrown on the flames. In these outbursts of patient's bad temper we usually find a precise

repetition of the child's, the greatest fuss is usually made over the most trivial causes, and may frequently take place because a patient is suffering from ennui, unconsciously "spoiling for a row," and wanting a concrete realisation to replace the abstract feeling of irritation in his mind, to clear the air, so to speak; out of curiosity, to see what the nurse will do under the circumstances; or to get into the limelight as the most troublesome patient in the ward. The nurse who refuses to be tricked by any of these ruses, and to lose her head or her temper, scores and creates a precedent for the next time. In War Hospitals, "getting a rise out of Sister," was a very popular employment, when boredom became oppressive, and upon a certain type of sister, the thoroughly tiresome patient exercised a certain amount of uncanny fascinaton, like the naughty boy in the nursery. It certainly put him in a conspicuous position, even if it brought him under the notice of authorities in an unfavourable light at the same time. Some nurses like to feel that they have a greater influence over a certain patient than any other in the ward, that they are the only ones who can understand one particular temperament, or that they have some peculiar trait which will appeal to these awkward patients and will presently exert an influence for good upon them.

One cannot over-emphasise the importance of this desire to occupy a distinct position in the ward, to possess some distinguishing characteristic in a superlative degree, to be the most seriously ill, to have the greatest number of doctors called in consultation around one's bed-

side, to have had the largest number of operations, to be the oldest, the youngest, the best, the worst, each gives the owner a sense of prestige that is certainly worth having. Patients soon realise this value. Perhaps they may have greater opportunities to extract the fullest sweets and the greatest value from the feeling in hospital, than if they were being nursed at home, but one may still observe the same endeavour to establish the position of pre-eminence even there, in the constantly reiterated question, "Well, Nurse, and don't you think I am the most, this, that or the other patient, you have ever met?" or "Have you ever had a better, or a worse patient than I?" dire disappointment following should the nurse not answer in the affirmative.

One need scarcely repeat, except in passing, that for all her patients, the Nurse revives the old mother emotions, and the patients stir a motherly reciprocation in her; this is a conscious attitude on the part of most nurses and many patients, and of course is the foundation of many little occurrences of hospital life, notably the attitude of day and night nurses towards each other where their charges and equipment are concerned. Each can scarcely trust the other to take as much care of her nurslings or her gear as herself; by the day-staff, the night-staff is always regarded, as the thief in the night, quite as an interloper, and the night-nurse generally returns the compliment in her opinion of the day-nurses. We see also, should a patient transfer his or her affection to one mother, he or she will always contrive to want especial services when this particular nurse is on duty and should

another be sent to attend to these wants instead of the one to whom he or she has become accustomed and attached, it will be bitterly resented. Again, should a nurse be removed from a ward at a critical point in the illness of one who has made a particularly strong transference to her, it is by no means rare to find that a serious relapse takes place promptly. This feeling is, of course, most marked in men's wards, for whom the mother, and her substitutes, have a far higher emotional value than in the women's wards, except among those women, who all their lives, have been predominantly fixated upon their mother or when the nurse much prefers nursing women to men. This will be the case if the nurse, in consequence of some great disappointment in early life, connected with her father, has been hindered in her transference of affection to him, or has once more reversed it, should it have already taken place, whereby her love will once more become centred upon her mother, or because of her jealousy of men, connected with her wish to be a man. All her sympathy and tenderness will then be at the disposal of women. She will "espouse" their cause, and identify herself with them in their troubles, exerting herself upon all occasions to prove that they have been caused by the fault of some man, usually the woman's husband, should she have one. She may, on the other hand, identify herself with her father or brother, but in their present-day guise, that of the doctor, and treat her patients with courtesy and skill, even with some gallantry and a hint of masculinity, which accounts for the brusqueness which some nurses

adopt, and may thus prove popular with some patients, but by no means all. Women patients may be expected to respond to their nurses according to the type to which they and the nurses respectively belong, preferring them or the doctors for the same reasons. We find these attitudes repeated in many of the little rivalries that occur in hospitals. Such as, when a patient, having been forbidden something by the doctor, tries to coax the nurse to let her or him as the case may be, have it; or when a nurse has made a prohibition, the patient will immediately appeal to the physician or surgeon when next he appears. The normal woman, be she patient or nurse, will prefer men, the choice being really outside her control, and her sympathy and understanding is bound to follow the course of her natural tendency. But now another factor must be taken into the discussion. No human being is entirely masculine or entirely feminine in their psychological make-up. Just as we find rudimentary physical characteristics of either sex in the same individual, still more certainly do we possess a dual nature psychologically. We are both male and female, especially unconsciously, and may possess the feelings and tendencies of both sexes, which will respond to and call out corresponding echoes from the dual personalities of those with whom we come in contact. More especially will this be the case when these persons are sick, which means that their Unconscious is so much nearer the surface at such a time and in a more responsive state, than that of a person in sound health. This being the case, we may find the feminine element of a nurse

being able to satisfy the craving for a tender mother on the part of a male patient, and at the same time find her masculine components appealing to a woman who looks for a father's strength and protection from the person who is nursing her in the time of her helplessness.

It is interesting too to notice that there are quite a large number of nurses who have a great objection to nursing children, and do their best to escape from it as much as possible. They will give any quantity of excellent conscious reasons to account for this preference for adults, but if it were feasible to trace back this peculiarity into the childhood of these women, one would most probably find that some particularly painful circumstance, or the most acute feelings of hostility had been aroused by the advent of a younger brother or sister, and which had originated this attitude of dislike and evoked the prejudice, that is now transferred from the one child to children in general, in a way that many find hard to understand. Another manifestation of this same childhood's event, may make the nurse during her sojourn in a children's ward not a very suitable person to be looking after sick children. She may be hasty and rough, her Unconscious finding this an opportunity to work off negative or hostile feelings which have been stored so long without finding any adequate outlet.

In the last lecture we mentioned that nurses who are rebels towards authority frequently save themselves from dismissal by showing marked nursing talent, and are both kind and clever with their patients. Why should this be ? There are many persons, who from their earliest days resent

authority, probably because of the fussy, interfering ways of adults, who assisted with their education, and with them it has become almost an obsession to break rules and oppose regulations. It has become in fact their habit to hate all those who are in any way in authority over them or in a superior position, but they are, nevertheless, most anxious to show their own skill in their work. The reasons underlying this behaviour are based upon the original attitude to those under whom they were as children. Manifestations of direct defiance are simple to understand, but whence comes the attitude towards the patients? Firstly, they are anxious to prove their capability, in the work they have undertaken, equal to that of the hated superiors, and secondly, their kindness to their patients springs from the same source, they wish their patients to prefer them to these others. Again, this dual attitude resembles that which we described when examining the difficulties of the middle child. Whereas the nurse is in a position *inferior* to that of the authorities, she in her turn is *superior* to her patients. However, the result is not what might have been expected under the circumstances. Instead of simply treating them as she feels she is treated, she reverses the behaviour, and does her best to win her patients over to her side, partly as a revenge reaction against the superiors, and partly because the helplessness of the patients appeals to and satisfies her own love of power that has hitherto been thwarted. Thus, a nurse of this type usually considers her patients as her own peculiar property and woe betide anyone who interferes with them. A

nurse such as we are describing will exert herself to the utmost to gain all possible advantages for them which can be wrested from authority. In this way the patients can even be used as a weapon to turn against authority. This can be seen repeatedly when a nurse is working as Staff Nurse under a strict Sister, or as a probationer or middle nurse under a martinet Staff Nurse, where disciplinary methods include the patients in the scheme as well as the junior nursing staff. This nurse consciously, although her motives remain quite unconscious, as a rule, stirs up quite a little rebellion against those over her and does her best by her kindness to the patients to gain great popularity and to win their esteem, pointing out in an almost imperceptible manner, or more openly, as the case may be, how she would run the ward, if it were in her hands. This spirit of revolution, with the unconscious motive of deposing the reigning authority and being selected as the new leader in the now vacant place, is a favourite phantasy, expressing a deeply-cherished wish on the part of men and women. Its origin naturally will be found in the desire of the little boy or girl to take the place of father or mother, and thinking how much more capable and kind he or she would be at the head of the household than the one who at present occupies that important position.

Feelings connected with the inferiority-superiority complex are the foundation upon which many of the difficulties of nursing are constructed, both in institutional as well as in private work. There are persons in whom this complex is extraordinarily highly developed, and who suffer

acutely when it is too roughly stimulated. It is useless for nurses to cry, "Nonsense!" when an instance of it be brought to their notice in an inconvenient manner, a sympathetic and attentive listening to the grievance will be a much shorter way out of the difficulty be the sufferer a fellow-nurse or a patient. To many it is enough to be sent into hospital for a sense of inferiority to be aroused, and feelings of superiority will thereupon come into play, to provide compensation. The patient will often thereupon suppose her or himself to be much superior to all other patients in the same ward, and adopt a most condescending manner towards them, which sooner or later ends in petty strife. This is usually a woman's reaction, but it may also occasionally take place in a male ward. There is another aspect of this pit-fall, that we may well mention in passing, which is, that this complex can also be stimulated in the nurse during her work with her patients, particularly when on private cases, and will often give rise to a variety of squabbles and jealousy that arise between nurses, their patients, and the maids in houses where she may happen to be working. This is by no means an uncommon experience, and frequently leads to a great deal of unpleasantness. It may be only a slight detail or a big worry, but the nurse will do well to keep it in mind, and think things over quietly, should she find one or other of her patients, their relations or the maids causing her annoyance, or being particularly tiresome or irritating.

We cannot deny that we like some patients better than others, types of patients, those of one sex or the other, for reasons which we have

already described, age or variety, or just individuals, because we cannot avoid doing so, however hard we struggle against the tendency, in order to prevent it showing in our relationship with them. Many of our reasons for so doing are the same as those which lie beneath our friendships and antipathies for other members of the nursing staff, that is, we find again in them the reflection of others we have liked or disliked in the past, our own virtues or failings, which we love or hate according to our unconscious processes and repressions, our reaction-formations and sublimations. There is often yet another most important factor which may control the nurse's interest in this or that patient. It is true she may nurse the *patient*, because he or she represents that which she herself would like to be, or because he or she is reanimating someone whom she knew and loved in the past, but contrarily, it may not be a person at all, which is the focus of her attention, it may be the *disease* itself, although for similar reasons which spring equally from her unconscious. The disease, it is true, may be the same as that from which someone in whom she was formerly interested was suffering, and from which that person died. Perhaps in the past she may have felt that she ought to have been more sympathetic with that person, or to have given him or her more of her own time or companionship, but for various reasons, she did not do so, and now, motivated partly by old feelings of guilt, she is trying to bestow upon this other person her skill and pity, to atone for her refusal of compassion in the past. Perhaps the disease is one from which she feels she her-

self may finally succumb, and consequently she is unconsciously nursing another as she hopes she may be nursed when that time comes. Again, it is possible for the disease to have a symbolic significance, and for this reason to appeal to the nurse's Unconscious. She may invest one part of the body with peculiar interest, so that any misfortune befalling it becomes immediately of absorbing interest. The same reasons, however, may also cause a nurse to feel the greatest repugnance to certain diseases or operations. Another of the significant motives for the nurse's likes and dislikes where patients are concerned, may be one that lies buried particularly deeply in her Unconscious and which she will stoutly deny, even perhaps while giving instances to prove its falseness, which we should consider but further evidence of the truth of our first statement. It is this: We like those patients who flatter us and show us that they hold us in their estimation in the same light in which we most dearly imagine ourselves; and dislike those who in some way accentuate or recognise our less favourable qualities, and allow us to know that they are aware of them. All of us, consciously or unconsciously, have formed a picture or ideal of ourselves in our professional capacity, to which we cling very tenaciously. Often it is rather flattering and it pleases us when we are enabled to live up to it more easily. The fact that others recognise this same picture, helps us to conform to it with less effort, because of the subtle power of suggestion, which the agreement of ideals conveys.

Flattery, crude or subtle, as the case may be

plays a very large part in the life of the nurse, as it really does in the life of us all. Yet, there is nothing which people strive to deny so assiduously as being susceptible to flattery. We frequently hear how another's most serious fault is that "she will do anything if you only flatter her," and five minutes afterwards the same nurse, who has made this accusation, will tell you that she is going out again immediately to another case, in spite of feeling so exhausted after the last, because Dr. So-and-So sent for her, saying that he would not have anyone else, "And, my dear," she adds, "what could one do after that, one could not let the poor man down, could one?"

We are all apt to surrender to flattery, from the newest little probationer, who always harbours a tender spot in her heart for the first dirty old woman she admitted, who, when being scrubbed, said to her, "Well, Nurse, Doctor, 'e said to me, wot you want's an 'op, but do *you* think so?" to the Matron herself, but Matrons require more august flattery, suitable to their station, before they will surrender.

The Unconscious of the patient is ever on the look-out to find the weak spots in the nurse's armour, to probe her complexes as she does their wounds. It is useful for a nurse if she try to employ her own Unconscious for discovering some of the most obvious manifestations of her patient's unconscious processes, for it will help her a great deal in nursing them satisfactorily as well as saving her a considerable amount of worry and anxiety. She may with time and patience train her observation to work in both

the necessary directions at once. One at a time will not be so efficacious, and to exercise her exploring faculty upon the patients only is scarcely fair, if she should omit the expressions of her own Unconscious, and would, moreover, be doomed to disaster. It is far more satisfactory, until a certain amount of proficiency has been acquired in one's self-observation, or some outside help has been gained over that, to keep a sharp look-out and a critical mind turned upon one's own likes and dislikes, for they are some of the most direct out-crops of the Unconscious, and by watching them and refusing to allow them to get the upper hand, we may avoid many pitfalls in nursing.

LECTURE VI

ILLNESS A REGRESSION

Significant factors of pain and fear. Fear the anticipation of Pain. Exogenous stimuli. Normal causes and functions of Pain. Direct stimulation. Tropism. Early sources of danger, pain and fear. The foe from without and the foe within. Repression of fear, its results. Flight into Neurosis. Conversion Hysteria. Phobias. Dissociation. Dementia. Cortical areas and the Unconscious. The factor of Guilt in pain and fear. The priest and the medicine-man. Flight from the Self.

———

During our study of the psychological factors of illness, and while we are engaged upon trying to discover the reasons why it may be regarded as a regression, we cannot omit essentials such as Pain and Fear, or an attempt to demonstrate what part they play in the patient's general condition. We recognise physical pain to be the result of interference with specialised pain-bearing nerves, connected with both sensory and motor impulses, whereas Fear may be defined as the apprehension or anticipation of Pain, physical or mental. But when we come to investigate cases of Pain and Fear which are often brought

to our notice, it frequently happens that either no adequate stimulation can be traced to account for the pain, or that the fear which it has aroused, seems quite disproportionate to the amount of pain connected with it, so that we are again at a loss to know to what cause to ascribe such a phenomenon, and are consequently inclined to turn once more to the psychological secrets of the human being and to seek our clue there.

We are familiar with the postulate that pain is the result of stimulation of pain-bearing nerves, either directly or indirectly, and that it may originate either from Exogenous or Endogenous stimuli, which means that they may arise in the associative areas of the brain as well as from a psychological source in the Unconscious Mind. We may tabulate them thus :—

Exogenous.

1. Without the body, *i.e.*, burns, incised wounds, fractures, ulcers, contusions.
2. Within the body, *i.e.*, inflammation, nerve degeneration, surgical interference.

Endogenous.

3. Stimulation by psychological processes, recall of memory-images from the cortical areas, or from the Unconscious Mind.
4. Conversion of mental conflict or suffering into physical pain.

Let us first enumerate the normal causes and functions of pain. It may serve as a warning of somatic dangers from within the body as well as without, although in the latter case, only of perils at short range. One of its most characteristic

features is that it occasions the pathological condition of *rest*, which will frequently provide a sufficient remedy for the trouble without recourse to more elaborate therapeutics. It is also interesting to observe the various reactions of different bodily tissues to dangers and pains which are respectively old or new to human experience. Thus, the body is provided with extra defences against the most commonly recurring dangers, for example, bony coverings for vital organs, protecting hair, and a highly developed cutaneous nervous system, as well as reflex actions in operation in special areas. Pains which are old to the race, such as may be inflicted by sharp stones, burns, contusions, wounds from man or beast, produce instant pain, and the reflex of withdrawal of the injured part. Again, the viscera which are enclosed within a protective bony case, such as the brain and intestines, are practically insensitive to pain, although it will be occasioned by the penetration of the outer coverings. Upon the other hand, however, dangers new to bodily health, such as burns by electricity, or X-rays, cause no immediate pain, and severe lesions may consequently be produced without any warning of misadventure being given. So far in the history of humanity, the tissues have not yet repeated this experience sufficiently often for an adequate reaction to become established, corresponding to this noxious stimulation.

Pain and Fear are both mental processes, the result of stimulation of certain nerves and their ramifications in the cortical or association areas of the brain. Fear also pre-supposes several other highly complicated mental processes, con-

nected with our conscious, pre-conscious and unconscious minds. Immediately we experience pain or fear, previous occasions will be recalled upon which similar sensations were felt, both as memory-images from the cortex, as well as echoes from the Unconscious, where all memories of past events have been stored. As we grow older and these series of memories grow longer, reason will join in to play its part in determining the best ways of dealing with the present situation, founded upon our experiences of similar events in the past. These processes that we have been mentioning, are carried out instantaneously, or as swiftly as our thought processes will allow, so that these various stages follow one another in such rapid succession that perhaps their very speed will prevent us being able to distinguish their component parts.

Anticipation of pain, we may say, is the precursor of fear. It is an exceedingly intricate mental process, but we may rest assured that wherever fear shows itself, its origin must have been in some actual experience or threat of pain arising in connection with the object to which the fear becomes afterwards linked. It is always a debatable question at what level in the biological development of living creatures these reactions of pain, flight and fear are to be distinguished from *Tropism*, which some scientists, with a tendency towards the bio-chemical theory of the motivation of activity, would call all rudimentary movement, either towards or away from any other object. Should we carefully observe the movements of creatures with a not very highly developed nervous system, we find them appar-

ently singularly unaware of the presence of other forms of life, scarcely seeming to recognise their existence in fact, unless they are in motion and in contact with themselves, and we may well speculate as to what extent any process analogous to those which we designate by the terms pain and fear, can be present in these simple organisms. We may believe it to be probable that pain, or some sensation equivalent to it, will be developed soon after the organs of touch have been established, as an hyper-stimulation of these sensitive zones, but whether we are justified in presupposing fear to be a possible concomitant before the stage when even an elementary brain is in existence, where memories of a sort may be stored up, is a matter of doubt. The main problem remains whether fear be based upon memory connected with past unpleasant stimuli, or if it be dependent upon some bio-chemical change set up by the approach of danger, which we may compare to the black cloud expelled by the cuttle-fish when confronted by danger, or the odour emitted by the skunk under similar circumstances. We believe these to be fear manifestations, because we feel that they are suitable reactions to this emotion, and a desire to escape from a contingency which would evoke fear in ourselves. A most important factor to take into consideration in research of this description, is our own all too facile capacity to translate the movement of even lowly forms of life in terms of our own advanced mentality, pain, fear, love and the like. The child, will push two chairs together and say, "Look, they are kissing one another." One gold-fish sails slowly round the glass globe after its

companion, and we may say, "See, one is chasing the other, how terrible not to be able to get away." In the first instance, we adults do not believe the chairs to be capable of the action attributed to them by the child; and another might be equally dubious about our surmise respecting the cause of constant activity on the part of the gold-fish. Neither can we be certain that when we think we find incontestible proofs of fear or pain in the lower animals, because we see them react as we might ourselves under like stimulation, and in ways that we have come to associate with particular human emotions, we may after all be mistaken and this idea exist only in our minds, and not in theirs.

However, be this as it may, we cannot go far astray in supposing that, at whatever level it is possible for a creature to suffer from pain and fear, the earliest sources of such sensations are most certainly exterior to the creature itself, and primarily represent a hostile object, usually an enemy larger than itself and stronger, which in all probability is seeking it for food, so that the most suitable reaction under the circumstances is flight, or, should this have been out of the question for any reason, then, it becomes necessary to assume a disguise or to hide. The next variety of danger which presents itself to the animal is through ingested particles of unsuitable food, which causes the reaction of vomiting, an effort to rid itself of the foe within. If we survey the various expedients which animals employ in their attempts to escape from danger, when it is impossible to turn and fight the enemy, and compare them with the occasional

reactions of human beings under special circumstances, we find a very similar process in action although it may in the latter case often be translated into a mental picture. Especially is this remarkable when we are brought into contact with persons suffering from nervous troubles, the predisposing causes of which have been largely the fact that there are persons, things or circumstances, which appear as dangers that might cause them pain, or fear of such magnitude that they must be avoided at all cost.

The last reaction of vomiting, which we described, is an attempt on the part of the creature to eject the internal foe, is one which is only too familiar to us as a common symptom among nervous patients. In cases where it cannot be traced to any physical cause, we usually find that the unconscious desire underlying the conscious action is to expel a foe from the mind or body. The enemy in this case most frequently represents an idea which has insinuated itself into the mind, and the attempt expresses the symbolic expulsion of some thought which, to use an old-fashioned expression that aptly illustrates the motive, the patient "cannot stomach." This particular symptom was most marked in a woman suffering from religious mania, who came under my observation for a short time, who imagined herself possessed by the devil, and was momentarily expecting him to be forcibly expelled from herself, or that she might be able to eject him from one of her bodily orifices. We are all aware of the reaction of animals, that are notoriously fleet of foot, who will, when alarmed and before they take flight, empty both bladder and bowel,

so as to decrease their weight. This reaction, whether voluntary or involuntary, when it amounts to incontinence, is a well-known symptom of fear both in adults and children of nervous disposition. Fainting as a consequence of fear may also be equivalent to the habit of some animals that simulate death in face of danger. But these are not the only syndromes pointing to a neurotic tendency, which recall the early reactions to pain and fear of the lower animals. We find that the previous stages flight, disguise and defence may also be found as well as vomiting and incontinence. When fear has been very strongly repressed it will often appear later on in the disguised form of a nervous symptom. That which we term the regression of illness, or the flight into neurosis, represents the rudimentary action on the part of the creature, by which it effected its escape from a threatening danger, which was attended by fear or possible pain. The human attempt is equally an effort to remove the person as quickly as possible from the alarming object, and to interpose something which will act as a defence between him—or herself and the danger. In this way then we may see that the neurotic person repeats the behaviour of the lower animals, by means of flight and regression. How frequently do we find an illness preventing the continuation of some unpleasant duty, or shielding the sick person from some occurrence which would have been inevitable had good health been maintained; or the form of neurosis that has appeared acts as a defence from a situation which is always attended by extreme anxiety, which is exaggerated fear.

We can easily call to mind examples of these manifestations—a woman constantly develops a bad chill or a severe headache whenever she is obliged to visit her husband's relations, or a man declares that to travel by Underground Railways is an unhealthy habit, when the idea of being buried in them should anything happen to make the ground collapse, is really the prime deterrent factor. In these two instances we see the Unconscious at work to provide a means of escape from the danger, or a possibility to erect a screen between itself and the calamity which threatens. This last process may be likened to the mental condition we know as Phobia, where the fear of some object or state, not in itself commonly considered alarming, calls forth such extreme terror that the person afflicted with it, is obliged practically to reorganise his or her life to accommodate it. We find examples of this pathological state in *Agoraphobia*, the fear in open spaces, and *Claustrophobia*, the fear of closed spaces, and of being buried alive, to mention only two of a formidable collection, but the two which are perhaps most general. We may also compare the Phobia with the barrier constructed by the oyster and similar bivalves to defend themselves from irritating substances, against which it can devise no other form of defence. In the neurotic form, fear takes the place of the nacreous protective matter and the painful situation, being sufficiently strong to prevent a person who suffers from it ever putting him—or herself into a position where such an experience might be encountered. The mere possibility of such an accident being enough to bring on an anxiety attack.

The second type of reaction on the part of even simple organisms is the attempt to hide, or adopt some disguise which will deceive the foe, when they believe it to be impossible to defend themselves from the enemy by means of counter attack or feats of bodily strength. As a general rule, the neurotic patient is just as much convinced that the impending danger is insurmountable and that a subterfuge is necessary as the elementary creatures. The adoption of these latter expedients, however, is an unconscious process and really deceives the subject as much as everyone else, concerning the precise nature and reason for the development of this defence reaction. *Conversion hysteria*, is one of the most common forms of this disguise, and in the appearance of the symptoms thus assumed, we may read the life history of the original wish, which subsequently became connected with a fear owing to the power of repression, which has actually effected the disguise. Later still both fear and the original wish become repressed into the Unconscious, and from thence return once more as somatic symptoms of an hysterical nature. Phobias, such as we have just described, and violent reaction-formations, where an intense hatred takes the place of the love really felt for the person or thing desired, but considered unattainable because of the guilt connected with it in some way, all serve to lead away from the interpretation of the true state of affairs rather than offer assistance in deciphering it.

It is no uncommon sequela for a trapped animal to sacrifice that portion of its body which is held fast, in order to save its life. This also happens

within the personality, under the influence of pain, especially mental pain. When apparently threatened with some unbearable idea, that portion of the personality or memory is then denied all access to the conscious mind, and becomes split off, although the renunciation may at the same time involve much else that is precious to the individual, in order that the one painful event or train of thought may be successfully excluded from consciousness, because the rest is too intimately connected with the painful experience to be readily separable from it. This is a most serious mental condition and should be carefully watched, should the slighest forshadowing hint be given of its presence, and reported as soon as it comes to our notice, since if not checked in its earlier stages, it may rapidly develop into acute psychotic conditions, such as *dissociation of the personality*, *multiple personality*, *loss of memory* and the like. Dementias on the other hand, may be regarded as the counterpart of parasitic invasion, where the insidious growth of phantasy, the world of unreality, gradually usurps the importance of reality; the living tissues of the original organism become so thoroughly infiltrated with the intricacies of the new growths that they cannot be separated without grave risk of still further spreading the danger and removing portions that are vital to the organism. The only possible means of restoration of the personality in such a case, is to provide an outlet for the parasitic phantasy, so that it may discharge itself without interfering with the living tissue, and at the same time make use of every possibility to strengthen the personality so that it can preserve

what energy remains and gradually seize opportunities of readjustment, by once more taking possession of tracts from which the phantasy has receded.

A short time ago we mentioned that fear presupposed the preservation of painful memory-images, and the recall of one or more of these from the cortical cells or association areas of the brain. The cortical stage which is developed in the mamalian brain stores up memory-images and allows associative links to be formed which provide the endogenous stimuli that may also cause psychological pain. This is pain caused by the stimulation of these cortical cells and the memory-images. It is due to this stimulation that phenomena such as the following appear. A large number of experiments have been carried out in psychological laboratories to test the influence of emotion upon pulse, respiration and muscle contraction. Poetry or prose, which might be expected to evoke various strong emotions is then read to the subject, the corresponding changes in pulse-rate, respiration and muscle contraction being recorded meanwhile by means of instruments adapted for the purpose. In the same way, pain may be recalled when some stimulus arouses an associative link, or sets a nerve path in motion, which leads to the contraction of a muscle impinging upon a nerve ganglion. Muscular contraction set up by stimuli from the cortical area is most probably responsible for much of the pain that is characteristic of migraine, which is now generally acknowledged to be of nervous origin. The problem of extreme moment in these cases is to determine which precise set

of memory-images has been stimulated to produce the pain, as well as how many contributory paths of associative links have been set in vibration to cause one attack in any given individual. Usually, of course, it is found that the same route is followed each time, and the inciting stimulus from the outside world has set the memory-images and associative links in vibration, and that the pain is a close imitation of one from which some former member of the family also suffered, usually the mother, for strange as it may seem, a very large proportion of migraine and other forms of psychological pain is derived by way of identification with some early love-object, by means of these endogenous stimuli and memory-images.

When we come to investigate more closely the distinctions of pain, we find fear becoming increasingly prominent in the picture. Frequently we may find a patient suffering more from the fear of pain than any actual experience of pain. Pseudo-pain and sufferings of this description will often be found to a high degree in those patients who most persistently crave for drugs, in which case they serve more as a preventive measure against the fear of the pain, than as a cure for pain itself. This fear of pain leads us on to two other important strands in our weaving, which are, the position occupied by Guilt in this complicated mechanism, and the fear of the Unknown. From the most primitive times a connection has existed between illness, sin, pain and fear. They are all sensitive points for the human being, be he a savage living in a most simple state, or a civilised man of our own land and

times, which will react upon one another, so that the stimulation of one is certain to awake echoes in all the others. In the Bible, we frequently find references to this connection between sin and death (illness), as well as those implying that it is a direct punishment for sin, and a means of atonement and reconciliation with an offended Deity. In our discussion of several other psychological phenomena, we have found the riddle solved by reference to primitive customs, and we cannot do better than have recourse to the same method in this instance. Originally we find that the priest and the medicine-man were identical. Disease was considered to be the malevolent action of evil spirits, who had taken possession of the patient, and must be induced to leave him by some means or other as soon as possible. The medicine-man, to attain this end, would recite incantations or prayers, which were frequently called "medicine," and would endeavour to suck the sickness out of him, or he would have recourse to beating his patient if more gentle means failed. Exponents of the art of healing as late as the 17th century would recommend the ridding of the body of its *evil humours*, by sweating, purging, vomiting and bleeding; to-day, we still poultice and foment as well as prepare antitoxins for driving out bacteriological invasion. The idea of the invasion of a healthy body by a hostile foe persists, and so also does the connection between this foe and suffering, or one would not so often hear the cry from the lips of sick people, "What have I done to deserve all this!" or to find them returning to the prayers of childhood in moments of anguish. Yet we must not

overlook the fact that this feeling of guilt is also one of the strongest and most extensive reasons for these same connections remaining hidden from us in the Unconscious, whence only the highest peaks arise to the surface from which we may gather a few hints to give us warning of the grave disturbance beneath. This unconscious connection between guilt and suffering, that is, between pain and illness, will account to a large extent for various types of reaction to illness that sometimes surprise us, and for which we are entirely at a loss to account. For example, the extreme resignation to be noticed in some persons in face of affliction, mental or physical. Pain in these cases will often be regarded as something that has been deserved, a judgment, or visitation from the hand of God, but one that may, nevertheless, be expected to serve as an expiation for some sin that has been committed, and achieve atonement, or it may be received as a mark of divine approbation, "whom the Lord loveth, He chasteneth."

The pains of child-birth occupy a particularly significant place in the history of psychic development, where the emotion of guilt is concerned. They are mentioned in the history of the Fall as given in the Book of Genesis, as a distinct consequence and punishment for evil that has been committed, the sin of disobedience, represented by the eating of the fruit of the Tree of Knowledge. All that this implies, and this curse, with the additional threat of pain, cannot fail to stir the most primitive feelings in the Unconscious, and the racial Guilt of a woman faced with the problem of maternity, which although they contribute largely to her heightened

emotional condition during her pregnancy, never really may be said to gain consciousness.

Freud places the origin of fear as coincident with the infant's experiences during the act of birth, and the shock of suddenly facing external terrors, after the tranquil shelter of the womb. The birth trauma is one of the most important for us all, and should we take into consideration the cataclysm it occasions, the complete change of environment, even fundamental differences such as alteration of our bodily functions, we are able to grasp to some extent, what it must mean to the baby, who until then has had few disturbing experiences of any kind. Even in cases where the labour pains are not severe, and we should describe the delivery as "easy," the birth act must be extremely disconcerting for the infant, the sense of suffocation, which at last reaches the point of anguish, and compels the first respiration, the severence of the cord which necessitates individual responsibility for the circulatory system, these must all be painful experiences, to which the memory of great fear cannot help becoming attached. Even such a novel experience as the change in temperature, and a bright light instead of the twilight of the ante-natal state, may lay the foundation of a subsequent fear of cold and dazzling lights, in which a person may always feel ill at ease. Tradition regarded the child brought into the world by Caesarian Section to be without fear, and it is to be believed that these children are considerably in advance of others in general intelligence. Again, should we study the characteristics of seven months' babies, which develop

more strongly in later life, we usually find them with a grudge against life, a tendency to feel deprived of something, and with a greater susceptibility to cold and a more extensive need of warmth and sleep than those whose intrauterine existence was brought to no such previous and abrupt termination.

Fear of the Unknown, which we should also mention in this connection, is always accompanied by increased emotion, and yet it is a fear frequently used by unthinking persons for enforcing discipline in children. Threats of a vague nature and indefinite extent are used for educative purposes with the most disastrous consequences. Its chief result, the heaping up of affect, and the repression of emotion, which thus gains no adequate outlet at the time, will continue to work upon the imagination of the child, and then at a subsequent date burst through to consciousness in some most inconvenient form, which will not be easily connected with the child's earliest manifestations of fear. Fear in general is always exceedingly contagious, which should be kept in mind when grouping patients in a small ward, or when giving permission for the admission of visitors. It is not wise to allow a patient who is timidly anticipating an operation to enjoy much of the company of another, who has recently experienced a similar adventure, not altogether successfully, or one that loves to retail her own fears and sufferings upon such an occasion, with a wealth of graphic detail and description.

To escape from our fear, which is often nothing else but the desire to escape from ourselves, we will restlessly move from place to place; a very

common symptom in nervous invalids. No place brings satisfaction or content for long, and the quest for peace is continued as before, because the same fear and the same timid personality, the same guilt and the same wish to escape from imaginary pain to come, haunts the unfortunate person as persistently as any grim spectre of the past, from which there is no chance to flee nor to hide.

LECTURE VII

INFLUENCE OF THE PHANTASY-LIFE

The importance of the Phantasy-life. Conditions and sources. Day-dreams follow human development. Five periods—Infancy, Oedipus, Latency, Adolescence, Maturity. Typical phantasies of sickness and health. Their dynamic for the choice of a career. Graver aspects of the phantasy. Pregnancy phantasies. Psychoses.

The phantasy-life plays a very much more important part in our lives than most of us are aware. There are very few individuals to whom reality gratifies all wishes, or whose childhood has been entirely without repressions, which thus seek some compensation. These are the two main conditions giving rise to the phantasy or day-dream, repression and ungratified wishes, and for both of these day-dreams provide a retreat as well as a compensation for the discrepancies of daily life. Many persons will be found who deny any personal experience of phantasy, considering this to be merely the romantic trifling of sentimental people, yet, could one but gain a glimpse of the most private workings of their minds, one would probably find these same folk occupying their spare time very pleasantly

by imagining wonderful adventures and successes which might befall them. The lines laid down by the first phantasies of childhood through our early repressions and wishes, are repeated in our adult years, it is true, but then the setting will have undergone some alteration and the *dramatis personæ* will have been redressed and renamed. We should also bear in mind that the wishes seeking expression in the day-dream frequently remain altogether unconscious and gain consciousness only by means of this indirect form. During recent years it has been found that the phantasy-life of the individual influences the daily life in sickness as well as in health, and plays an important part in the choice of a career. Let us now try to find out how this may be.

Day-dreams follow the principal stages of human development which follow one another across the field of life. The earliest of all, the *Infantile*, will provide those of the most elementary and passive type, in which to lie softly in comfortable surroundings, to be luxuriously fed and clothed, appears to be the height of ambition. The person who is the presiding genius of this epoch is naturally the mother, no other being necessary. Connected with this stage of day-dream we find but little conflict, for as yet practically no prohibitions or repressions have entered into life, none of these comforts have so far been shown to be wrong. But this state of affairs does not continue very long, the infant soon discovers that other things are expected of it, unpleasant duties, and the making of personal efforts to attain things which others deem necessary, and at last it realises that only under special

circumstances can these once permanent conditions of happiness be again enjoyed. The child cannot help discovering quite early in life that illness furnishes the most complete repetition of this state, and either in reality, in day-dream or in play, many children very readily become little patients, particularly those of a not very robust or active type. These will be found to be especially dependent upon mother or nurse, and cling to her for protection until late in life.

The child's games are a sure index of its phantasies, and hence of its wishes, although frequently these may be repressed and unconscious, let us remember, as well as those desires that are not gaining sufficient gratification in reality, or one which the child can assimilate. The chief difference to be observed, however, between the game and the day-dream, is that the former is public property (unless an acted phantasy) about which others, even adults and those in authority may know, whereas the day-dream proper is a very private possession indeed, against divulging which the child takes infinite precautions. It is a great compliment when a child imparts its phantasies to another.

One may find the first simple type of day-dream in health as well as in sickness, where it may be quite compatible with efficiency and strength, especially when it becomes allied with others that appear rather later in life. These phantasies are entirely ego-centric and deal with the happiness and self-gratification of the day-dreamer only, if other persons appear at all it is only to minister to the needs of the hero. The child gradually becomes introduced to other

members of the family, and loves or hates them according to their faculty of pleasing or the reverse. Ere long, it is obliged to learn that certain dear delights are forbidden and fond wishes unattainable, and consequently seeks fresh ways of gaining them in play or phantasy, when reality offers nothing but denial. This second stage is called the *Oedipus* stage by psycho-analysts, from the ancient Greek legend of Oedipus, who unwittingly killed his own father and married his mother, bringing disaster upon himself and all around. The boy wants to play the little hero to his mother, now this period is reached, often to do some gallant thing or to save her life, in return for what he hears she has done for him, to give him life, and to be the successful rival of his father for her love. The little girl may have the same wish, to play the heroine's part where the mother is concerned, but more usually by this time, her attitude where the mother is concerned has already undergone its first transformation and her wish is now to be rescued from some danger or even death itself, by some brave and noble hero, in whose arms she feels secure and happy. In day-dreams of another type but belonging to this period, we find boys and girls dissatisfied with home surroundings and parents, imagining themselves to be but the adopted children of the homes where they live, and that their real parents are royal or at least noble (or *vice versa*, gipsies), and they set forth in phantasy upon a perilous journey to find them. This same phantasy may occasionally cause children actually to wander from their homes, but they seldom realise what is their actual goal in so

doing. They wander on (in their phantasy), disconsolate, outcast, starving, and then, sooner or later, find or are found by some wonderful person, again a father or mother image, in whom they recognise the real parent of their heart's desire. It is easy to model one's hopes upon this phantasy, and to go through life believing that some day a kind person will appear who will make one's position secure and free from all difficulties, and upon its reversed form, many a nurse has consciously or unconsciously built up the desire for her profession, although she now represents the rescuer and no longer the rescued. She has become the restorer and comforter of the sick and suffering, she it is in whose hands may lie even the gift of life itself. How often does one hear a nurse say that she prefers a critical case. Then somewhere within her stirs the age-old phantasy of the battle with death and the victory over that pale spectre.

Life and death have given more phantasies to the human race than any other phenomena, they have become the symbols of so many other ideas, as well as the converse, so that many things may become their symbols. In this connection it may be interesting to remember, that myths and legends stand in the same relation to peoples and races, as do the phantasies of individuals, and in them do the primitives find a refuge from and outlet for their secret wishes or fears. In some ways we are still strikingly similar in our beliefs and superstitions to the primitive peoples. For example, do we not still, as they, tie the feet of our dead when laying them out, although we have perhaps forgotten the reason that we do so,

is to prevent the spirit of the departed from running after us in the dark. We put weights upon the eyes to close them so that the dead cannot continue to watch our doings.

With the second stage both of the child's day-dreams and development, we find the important dynamic factor Guilt, which arises principally from feelings of jealousy and the wish that the hated rival might be removed from the vicinity, or in other words, might die. The primitive races held beliefs that they could bring about the death of an enemy by many methods, some of which strike us to-day as absurd, such as by writing the name of a person on a piece of bark and boiling it in a vessel of water; making an image of clay or wax and transfixing it with a pin; even by the wish that he might die, or the recitation of magic words. So also does the child of modern times often secretly believe, when harm befalls some unloved and envied companion, or even occasionally a loved relative, that its own malevolent wishes have caused the misfortune, and guilt springs up swiftly which may have the most serious consequences. From early times the soul of man has sought to find a respite from the pangs of guilt by a system of restitution or punishment. "An eye for an eye, a tooth for a tooth," is Lex Talionis, one of the oldest known, and which exists to the present day in the Unconscious. We may find a similar state of affairs occurring in the minds of those who consciously or unconsciously have desired the death of a rival, or its modified form, his or her removal from the near neighbourhood, the sensation of guilt resulting from which may lead

to the phantasy, "What if I were to be smitten by the same mischance?" There is but a step from the day-dream to reality, and illness may actually come to pass; the guilty person accepting it as a punishment from the Hand of God and as a means of expiating the death of the other. We may see this same mechanism appearing among the dynamic factors that cause a nurse to exert all her power so that the apparently inevitable death of a patient shall not occur. We may frequently find that one particular disease exercises a peculiar influence over a nurse, and calls out this special eagerness and enthusiasm which leads us to believe that in some way or another the form of the illness of the person whom it has attacked is closely connected with her phantasies which have become linked with her guilt and a probable death wish. She is thereby seeking an atonement for her unconscious guilt, and this calls out her self-sacrifice to the utmost, because it is at the same time a means of restitution.

The third stage of human development and consequently of the phantasy, is that of the *Latency* period, the ages between five and ten, when the fiercest struggle for the love of the one parent of the opposite sex and the feelings of rivalry directed against the parent of the same sex, which was so predominantly a feature in the last, begins to die down. The interest of the child now becomes concentrated upon contemporaries of the same sex. School concerns and games, hobbies and the making of collections become the most important preoccupations for several years to come. The chief ambition is now to be the leader of the group, or an efficient

member of the team. The day-dreams follow the trend of the conscious wishes, and bridge the gap between conscious and unconscious minds by forming a combination of the wishes of both, obtaining a goal for them by this means, which might not be possible otherwise. In health, therefore, we find phantasies belonging to this period showing ambition, adventure, comradeship, but all raised to a superlative degree. In sickness, we find an attempt to gain the tender solicitude of companions and teachers and their love on account of weakness rather than strength. In the subsequent career we find the same motive making the individual a good comrade or striving for the leadership of the group to which he or she belongs. This stage occupies several busy, bustling years, and then follows that of *Adolescence*, when many of the manifestations of the second stage re-appear.

During Adolescence the personality undergoes a repetition of former storms and difficulties, but with increased emotion. Never at any other time do we find the phantasy-life occupying such an important position or day-dreams themselves being so prolific, indeed, for a time, they often seem to usurp the chief place in the life and interest of the young person, who will then in them strive once more for the love, attention and interest of the parent, who was of the greatest significance in the past and renew the old struggle with the parent of the same sex, who is now, if possible, a still greater rival. These desires may be found in sickness and in health, especially perhaps in the former, and it is no accident that the adolescent is so prone to physical disorders

for in them we may trace the regression to the former state of childish dependence in which a greater degree of tenderness would be gained from the mother, and a larger share of her attention, showing the unconscious craving for the attention and tenderness of the beloved parent which is believed more readily obtainable in this way rather than in health. Greatly admired heroes and heroines from favourite books will frequently provide models from which these young adventurers may shape their course. Illness and accidents which befell them and which lead to such thrilling consequences may be repeated, without, however, the admirers realising the imitation. Should the day-dreamer seek romance, phantasies will arise in which the boy or girl is ill and brought back to health and strength by the almost superhuman ministrations of doctor or nurse, who afterwards becomes the life-mate of the former patient. Reversed, the phantasy or ideal for reality may run that the adolescent tries to become the saviour and almost magical healer, who will eventually marry the patient who has been saved in this way.

The phantasies of the girl or boy at puberty are but rehearsals for the drama of maturity. Constantly does the child's day-dream shape the adult career and play a part similar to those we have just been describing. It is, indeed, fortunate should this be the case, because then we will find the dynamic of repressed and unconscious wishes behind the phantasy, successfully obtaining their outlet in combination with an activity sanctioned by public opinion and reality, instead of continually in conflict with them. The actual day-

dream, on the other hand, because of the guilt so often attaching to it, must ever slink away into dark corners, and remain in disguise, shunning fellowship and exiling the dreamer from social intercourse, as long as it remains nothing but a phantasy. The career, however, although it be based upon the same repressed and unconscious wishes regains the comradeship of fellow men and becomes socialised, because it offers assistance or pleasure to others as well as to the dreamer, it has therefore ceased to be a purely personal affair and has become devoted to the service of others.

One of the most interesting, widely-spread and curious day-dreams, to those who have not studied very extensively the bearing of the phantasy-life upon health, is that of pregnancy, which may arise from many sources, even from some which are entirely imaginary, and in spite of their phantastic origin, lead to the exact simulation of all the clinical manifestations of a true pregnancy. In some cases of which I have heard, the doctor was called hurriedly to deliver the woman and found no child at all, and many expectant mothers have gone as far as to prepare the layette and to engage a nurse without any real necessity for so doing. In the case of a married woman the usual stimulus for such a phantasy is the ardent desire for a child on the part of herself or her husband. But the phantasy is not by any means confined to married women, it may equally be shared by the unmarried woman or quite young girls in adolescence, who may or may not have been running risks which might be expected to lead to this consequence. Should

intimacies have occurred and still the pregnancy be an imagined one, then the underlying wish may frequently be the hope that in this case the man also involved may be induced to marry her, the wish that of course is uppermost at the time, but other factors also, including guilt, take their share of responsibility. But again, a pregnancy phantasy, as we have already pointed out, may take place without the slightest physical cause or possibility and find its slender foundation in an early childish theory of procreation, such as generation by kissing, by seeing the male genital and other similar ideas of childhood. One case that came under my observation, was of a girl who had been accused by her parents and neighbours of unwisely keeping company with an elderly, married man. They hinted that she had been doing what she would one day be sorry for, and that she would know what they meant before the month was out. Consciously the girl did not realise at what they were hinting, but her Unconscious replied to their insinuations with a pregnancy phantasy. The menses failed to appear and she realised with a severe shock what the neighbours had meant. This acted as a final determinant which overbalanced her equilibrium for the time being. She wandered away from home, and was found some miles away, imagining herself a biblical personage, and without any recollection of her home address or the name of her parents. She was taken to an asylum and remained in this aberrant condition for exactly nine months. During the whole of this time there was no sign of menstruation, but at the tenth month it returned and with it her reason.

Her mental condition was so far re-established that she was able to return home shortly afterwards. It is not only women, however, who have these phantasies of pregnancy, they may also occur in men and boys, which to some may seem still more surprising. In order to see how they may arise, we should bear in mind that actual possibilities play a very unimportant part in the manufacture of day-dreams, which are, after all an affair of the Unconscious and its wishes, and that the Unconscious of both man and woman contains the wishes and psychic potentialities of both sexes in a person of either sex and that children of both sexes at some time of their lives may, for a short or long period, greatly desire to have a baby of their own, many years before they are biologically capable of producing one or of knowing exactly what has to happen in order to do so. We may remember that in Samuel Butler's admirable novel, "*The Way of all Flesh*," the hero, as a child, confides in his uncle that he thinks he is going to have a natural son, giving as his reason, that his governess had explained it as a son a man has before he is married. He added that he wished to know for certain, because he was sure there were many preparations that ought to be made beforehand. This phantasy in men, it is true, takes rather a different and not such a direct form as a rule as in women, because of the censorship supplied by reason. Usually, it is only in manifest symptoms that the pregnancy is simulated, and the man does not conciously think of himself as about to bear a child, although it very often happens that he may dream something very nearly approach-

ing it. His condition only declares itself as a phantasy of pregnancy and the unconscious wish for a child, usually a son, under the investigation of psycho-analysis. The usual symptoms of this phantasy which appear in the male are acute constipation, leading to a feeling of abdominal distension and heaviness, pains and general malaise. I knew of one man who repeatedly suffered from these symptoms and on the last occasion before they ceased, was obliged to send for a doctor to his office at mid-day, so that he might, as he himself expressed it, "be delivered." These words that he used were significant and indeed lead him to see how his physical condition had been caused by his unconscious wish for a child. Abcesses, tumours, increase in weight, especially when abdominal prominence is a marked occurrence, and any condition that leads to oedema and calls for incision, "to let something out," even in some cases, dental operations and extraction of teeth, may all arouse these old childish wishes for the child on the part of the man, or the desire he may have had at some period of his life to have been a woman. Another case that came to my notice, was of a man who used to go to bed for a couple of days or so each month because of general malaise and headache. A stout man will always awaken in the child the idea of the pregnant woman, and the theory is clung to very pertinaciously that the man as well as the woman can produce children. Some little boys, after it has been explained that the child passes its first nine months of life within the shelter of its mother's body, protest vigorously that they

too have an "incubator" and what is more they can see theirs, but what they point to with such pride and feeling of certainty that they are by no means inferior in their possessions, is the scrotum. This, of course, is the converse to the little girl's envy of the boy's penis.

Just for a few moments before we conclude, let us turn our attention to the more grave aspects of the day-dream, conditions when reality is almost, if not quite obliterated and phantasy gains the upper hand. Between the two conditions of reality and phantasy, we may frequently be struck with the appearence of another strange occurrence, which we now recognise as a pathological state, where our forefathers would only have seen the child's "original sin." This is the capacity developed by some children for telling the most wonderful inventions and romances about their adventures to their school-fellows and others in which there is not one atom of truth, but which represent those things they would very much like to have or to have happen to them. Indeed in many cases, the phantasy, for such indeed it is, only it is imparted to others instead of being kept secret, has been created so vividly that the child in some cases also believes it, especially after telling it a few times, and no amount of scolding or punishment will break the habit. If we carefully analyse the subject of these romances, we will find the same conditions hold good for this expression of the Unconscious, to which the name, "*Pseudologia Phantastica*," has been given, as for the day-dream. The subject is intimately connected with conscious and unconscious

wishes, which can gain no satisfactory fulfilment in reality and so the tale that is told, whether of personal prowess, or that of relations, the wealth, possessions, or importance of the parents, or some other condition, which is thought to be immensely important, is assumed, and claimed in wonderful tales told in the greatest confidence to school-fellows, or other persons, but as a rule, only to those who may be expected to believe them.

This manifestation of the child's ungratified wishes may disappear or undergo an alteration after a time, especially on account of two reasons, one of which is that reality now offers greater satisfaction to the child and so it is no longer so necessary to obtain it by means of phantasy, the other, that in consequence of punishment, it may undergo a still deeper repression and withdraw into the Unconscious, from whence it may once more reappear at some later date as a physical symptom which will still express the same wish but in a symbolic form, or in some illness which is likely to attain similar gratification.

Like so many other things day-dreams may be excellent servants, like the genie belonging to the Brass Bottle or a Magic Carpet, which will bear us away from all the troubles and worries of this often disappointing life, but it is also possible for them to become a terrible master, which will rob us at last even of the power to distinguish between our phantasies and reality, the condition to which the uncompromising name of *insanity* has been given. In its various forms we find reflected the child at play, but with this sinister difference, the player is no

longer a child, and no longer playing, the world of reality in which one has to reckon with facts, has ceased to exist and for the time being, the control of this grown-up child's life must once more be in the hands of a more responsible person, which is but another way of showing that a regression to an early stage of life has taken place. The child's games and the adolescent phantasies are magnified and become now the main business of life. One may imagine himself the Sultan of Turkey, another Mary, Queen of Scots, and both think that it is only the obtuseness of those around which prevents them receiving the royal state that is theirs by right. Not only may the identity of the sufferers themselves undergo a metamorphosis, but their imagination may play upon the inanimate objects in their environment as well change them into stage properties necessary for the embellishment of the scene that they wish to enact, after the pattern of the playing child in the nursery or schoolroom, who makes the upturned table first a caravan and then a boat. Among the inmates of our asylums, chairs may appear to be the Pyramids of Egypt, and the patient's own fingers may be thought to be made of sugar or charged with electricity, so as to be capable of blowing the world to pieces, if only one hand be clasped within the other. Those who work in asylums will find the greatest possible interest in trying to discover what phantasies have gone to the making of the delusions of those in their charge. Frequently the complete history of the case may be found in the one scene, or the life adventure which the person unendingly tries to

repeat. Not always indeed will the delusion be confined to the actions of individuals of the human race or even of the animal kingdom. There seem no limits set to the activity of the Unconscious in its choice of identifications, in the same way that in a dream during a period of hyperpyrexia it is quite possible to dream of oneself as a metronome that must ceaselessly turn from side to side, which the restlessly tossing body imitates, or that one is a skein of wool condemned to the terrible task of untangling itself.

We are inclined to believe that we see in these wild phantasies of the aberrant mind a superlatively tragic state, yet not all those who are in this condition are suffering, some, where the sense of altered and individual reality is entirely co-incident with the phantasy, are happy enough, far more so in fact than the poor souls who do not achieve this complete escape from reality and stand piteously between the two states of sanity and insanity, thus unable to find contentment in either, which is the usual condition of the neurotic patient. But, because in some unfortunate individuals this may be the outcome of phantasy which has burst all bounds, do not let us condemn the day-dream utterly for this reason, but remember at the same time that some of the noblest lives and the most splendid enterprises have arisen from the same source

LECTURE VIII

SOME CHILDREN'S PROBLEMS

To be investigated from the side of the child's inexperience. Infantile Amnesia. Effect of this upon the parents. Child essentially a sceptic and experimenter. Child learns by love more safely than through fear. Neurosis a deficiency disease. Conscious and Unconscious attitude of Parents. The child and its mother. Increasing separations and their significance. Reactions to brothers and sisters.

Finally when all things are considered the heading of this lecture might more properly read *Some Problems of Infancy*, because here we will find those which are common to both boy and girl in their earliest years which more nearly coincide with the period of infancy than that which we generally consider to be childhood. As a rule we consider the difficulties of the child from our own aspect of wider experience of life, but now we will consider some of the earliest problems from the other side, one where understanding is very limited, where the present is paramount, the past very short and nebulous and the future not quite as real as fairy-land. This is the child's point of view, and then we

will discuss a few other troubles that may meet them. It is difficult for us to grasp the child's mental attitude towards ourselves and the outside world, because it is almost impossible to erase from our minds so great a percentage of the knowledge we have gradually amassed through experience, which would be necessary in order to do so. We frequently scold a child because he burns a hole in a cloth or finds that a glass of water thrown down on a newspaper does not confine itself to the space prepared for it. But considered calmly, how should a child know, except from repeated experience, that fire or heat may burn both directly or indirectly; to what extent it is safe to play with fire or water, and in what ways this limit may be over-stepped. There are many children who are never content to learn from the experience of others, will never believe what their elders say, but must always strive to find out things for themselves before being convinced of the truth. We are irritated by this because we have forgotten our own struggles when we too passed through this stage and we feel that the incredulous attitude of the child somehow casts a slur upon our character for veracity, which of course is not really the case at all. The motive behind the child's wishing to find out, is to discover for him or herself how and why a thing should be so. The young child has not discovered either as have we, that all actions have their consequences, that water really is wet and that fire is hot, it is obliged to learn.

Neither is it easy for a child to learn or understand why some of its actions call forth

approval, others disapproval, marked sometimes in such an emphatic way; but this approval or the reverse, on the part of the adult is all the young child has by way of a standard, until experience builds up a foundation later on, which either tallies or not with the first code. We see, therefore, that inconsistent discipline, persons who will one day allow what they strictly forbade the day before, make it exceedingly hard for a child to establish any standard of right and wrong. Lack of opportunity to make experiments under supervision is also a pity, because for some the absence of a possibility of learning in this way, will make other lessons the harder to acquire.

Upon every side one hears that the children of to-day are "problem children" and one is forced to wonder whether this is really the case or whether it only appears to be so, because we are now giving the problem of the child so much more attention. It is usual to put down the cause for this state of affairs to the War, and we realise that such a world-wide calamity cannot fail to leave an indelible mark upon us all, but I cannot help thinking that there is a still deeper root to the trouble. The pace of life caused by the intensive civilisation of modern times is constantly being accelerated, and the demand for perpetual readjustment and fresh adaptation to new conditions impresses a strain upon the inhabitants of towns that only a few can bear with impunity. The weakest go down under it, and among these we may reckon many of our children, who are often grievously handicapped beyond their strength by the ambition of their

parents. Owing to the *infantile amnesia*, or forgetting of early childhood, which prevents them from remembering how much or how little they could accomplish in their early years, they press their children forward, anxious that they may accomplish a standard of adult ideals, which they themselves perhaps hardly attain. The child is urged beyond its powers, breaks down, and the parents, disappointed with the failure of the child, and usually annoyed also because their high aim has been thwarted, perhaps wash their hands of that particular child altogether and begin to repeat the process with the next in age, without the slightest idea what havoc they are causing in the psychological development of their children, and may constantly gird at "fate" for giving them such delicate or unsatisfactory offspring, whereas the latter might be far more justified in commiserating themselves upon their parents.

It is customary to call these problem children "backward, difficult, asocial, spoilt," and yet they are but those in whom one or another of the usual childish characteristics have become overemphasised. One of the greatest difficulties against which we have to contend is that the nervous disposition of children is very largely a deficiency disease, just as much as is rickets, but one where the deficiency cannot be so easily rectified, for the absent essential is parental love and understanding, for which a satisfactory substitute cannot be readily found. Again and again one hears from mothers who come to consult one about their children, "she has never appealed to me like the rest, she (it

will frequently be a girl, whereas the others who are more fortunate in that they possess their mother's affection, will be boys, or a girl who resembles a boy) was such a miserable little baby even from birth, the others are so different, one can't help loving them." She hastens to add, "Of course my little girl does not know anything about that, I hide it most carefully." The mother may imagine that she does, but the proof of the contrary is the neurosis of the child.

At the commencement of life the baby is thoroughly self-centred, the wishes and requirements of others have no interest for it, only by degrees does this transformation occur, through the medium of love or fear, but this last is a dangerous method. When a child loves another, it naturally wants the praise and approbation of that beloved person, and so, because the wish of the beloved person becomes also that of the child, it continues to gain its own way, with the addition of becoming socialised. The baby who learns lessons of early obedience, cleanliness and good manners by means of bodily pain and fear, may become obedient outwardly it is true, but hate and not love will become the ruling characteristic of its disposition, and when this has once become established, we find the individual sooner or later seeking some method of becoming avenged upon the oppressors of his childhood, although by proxy. The children who grow up with asocial proclivities are usually those who have had a deficiency of affection, real affection, in their childhood, because it is possible for parents who are themselves unhappy, (con-

sciously or unconsciously) to try and atone for their unconscious feelings of dislike for a child, the symbol of their union, and as a reaction-formation to their own negative feelings, lavish superabundant tenderness and exaggerated affection upon that same child, which naturally leads to nothing but disaster. It is thought that asocial children probably have a greater constitutional requirement of love and pleasure than others, possibly because of this primary condition of deprivation, which subsequently causes them to seek some object upon which to wreak their hatred and baffled affection. Many children at the experimental stage, in order that they may test the love of another for themselves, will torment this object of their affections until they overstep the limit of endurance, and the adult becomes thoroughly angry. In some cases, the child takes this expression of annoyance for a sign that this person has now left off loving him or her altogether, and in consequence may throw all regard to the winds and pursue its way recklessly. One can, however, sometimes trace in this behaviour, a direct wish on the part of the child, to obtain this result, in order to have an excuse for acting in this way, and pretending at the same time that it is the outcome of the other's actions, quite overlooking the fact that the occurence in the first place was caused by its own behaviour and deeds. Some children are exceedingly clever in constructing situations of this kind consciously, whilst in others efforts of this description seem always the result of unconscious processes. One is always justified, however, at feeling uneasy at

its appearance, because it is a sure sign that all is not as it should be. Love should be the prime motive power of the child's actions, and this emotion must be considerably inhibited before such a manœuvre will be carried out. Something must be seriously amiss, for after all, the child's behaviour consists very largely of reactions to the stimulation of the adult, who has been training it, attempting to do so or leaving it to chance.

Among the earliest difficulties that confront children of both sexes, are those connected with weaning, training in cleanliness, and its relations with parents, brothers and sisters. Let us consider weaning first. Those of us who have had anything to do with infants, have remarked the different attitudes of babies to this grave traumatic experience, the first, should we except birth, which in itself was a tremendous calamity, depriving it of so much that meant peace, comfort, warmth, nourishment and none of the discomfort it was to encounter later on when the state of a separate existence was forced upon it. Originally, it was literally true that the child was part of the mother, and later when it lies in her arms and is fed at her breast, this old intimacy is restored to some extent. By slow degrees the child has to learn to distinguish itself from its mother, and from the other objects around it, animate and inanimate, which can be felt, seen and tasted within easy reach of the little exploring hands. Hands, mouth and eyes all have their many lessons to learn, based upon experiment, but the oral test seems paramount at this early stage, hands and eyes being merely

accessory, and just a means to the end of bringing objects into range. Consider then what it must mean to the infant to be deprived of its chief gratification and one moreover, which satisfies so many dawning activities, as well as the pleasurable instinct of stilling hunger, when weaning is forced upon this little human creature.

One must also take into consideration that weaning often coincides with the eruption of the first teeth, and the two therefore often become inextricably connected in the latter phantasies. Let us see what may be the reaction to attempts to wean a child, either prematurely or otherwise. It will resist for a long or short period, and then be forced by hunger to accept the substitute with good or bad grace, or it may continue the struggle and refuse until almost at death's door. In some cases if it be possible, the child's mother may even return to the older and more popular method, if only for a time, to restore its enfeebled health, and then resort to a more gradual method of changing the form of diet. This is likely, however, to originate the habit of going on hunger-strike in the child whenever outward circumstances are not to its liking and it wishes once more to compel authorities to surrender, because they fear what may be the consequences of their continuing to hold out. Again, in this question of weaning the child, the feelings of the mother should be regarded. It cannot be doubted that a woman, who herself experiences intense pleasure in suckling her child, is more likely to prolong this method of feeding than one who finds in it an irksome tie as well as a

hindrance to her other activities. Again, the child of a mother who takes intense pleasure in suckling it, will more probably derive a higher degree of pleasure from this means than the child of the one who does not. For the woman, too, in the first instance given, the weaning cannot help being a distinct deprivation of pleasure, and to her also it may well symbolise one of the definite steps towards the child's final separation from her. It is no infrequent thing to observe distinct psychological disturbance in a mother at the following periods of her life, after the birth of a child, particularly the first, after weaning, when the child leaves home for school, business or marriage, or should the death of the child create a more intense separation. The mother also feels the child as an integral part of herself, even after it has actually ceased to be such, and some experience in these repeated and increasing separations, emotional crises which are hard to bear. Contrarily, however, the woman, to whom the whole question of child-bearing is consciously or unconsciously distasteful, may try to hasten the process of separation, and may even be unable to feed her child naturally, although she may consciously declare herself deeply worried that she cannot do so.

The training to cleanliness is one which varies very widely in various children, both in the time taken in which to accomplish the training and the ease with which it can be brought about. But these differences are closely connected with the attitude of those adults who are concerned with the child's upbringing. The little one soon learns that here is a matter in

which it can assert independence, and that in this way adults may be kept waiting, paid out, taken in or rewarded. Many are the types of incentive held out by adults to persuade baby to perform his little daily duties. The one who is for a long period allowed to carry them out, when, how, and where he or she pleases, will fight all the harder to retain his or her own way in this respect, when at last the time comes for more definite disciplinary measures to be taken to achieve this end. All nurses agree that infants may be trained to good habits easily if only started early enough, and yet we often find that the child who is unusually easily and early trained will develop some other habit later on, which shows that the same desire is trying to find satisfaction in another way. To be interested in what we are fond of calling "dirty or messy" games seems quite necessary to the normal development of the young and when this stage is passed by too rapidly trouble may be expected to follow more or less swiftly. Once more may one repeat that much rests with the psychological make-up of persons in charge. Should the excretory functions possess a too great importance for them, or be regarded with more than usual interest by the adult, she will emphasise them so that they become almost a menace to the welfare of the child. The absence of the daily evacuation, regarded in childhood as an offence of the greatest magnitude, will grow to be a subject of apprehension and alarm on the part of the individual, and a hypochondriacal fear may become attached to these bodily functions, which will lead to the endless

taking of aperients and the consequent paralysing of all natural functioning of the intestines. The adult who exhibits annoyance when the child fails to "do its duty," shows the little one clearly enough a method of revenge to use when annoyed. A too lavish system of rewards on the other hand, either material or in the form of praise or caresses, for good behaviour in this respect, may be attended by equally harmful results, because, should they not be forthcoming for any reason, connected either with the child or dependent upon some quite external reason, the little one may feel injured or angry; and in cases where a reward is always given, it will probably go through life anticipating a reward or praise for everything done. The idea of "doing" or "duty" becomes inextricably bound up with the excretory function in its mind, and the child will continue to react towards duty ever afterwards in this way.

Abnormalities in the successful establishment of habits of cleanliness should be given immediate attention. They will be found to arise sometimes from physical, sometimes from psychological causes. The nervous condition of the adult in charge of the infant's training should also be taken into account as well as her methods, for both will play their part, and the removal of the cause which lies in another will often help the re-establishment of good manners in the child. Relapses too may occur after good habits have become stabilised for a considerable time, again the cause may be physical or, what is more frequently the cause, the recurrence is connected with some emotional crisis, the birth of a brother

or sister, or the absence of mother or nurse. The child so closely connects the taking of food, the excretory functions, sleeping, etc., with an accustomed person, that if she is not present, the act correlated with her is also thrown out of gear, and will only be automatically restored by her return, or when another be accepted in her place as a surrogate.

We have mentioned once or twice in the course of these lectures that for the young child, the mother is the most important person. Now this at the same time may give rise to grave complications and disadvantages. If this love of and for the mother assume too great proportions, it will certainly threaten the emotional equilibrium of the whole family. Some women quite frankly acknowledge that they prefer their children to their husbands, but unfortunately one cannot well have the one without the other. Very many more possess this attitude unconsciously, and increasingly neglect them in proportion to the growing demands of the young family. The husband may respond by jealousy open, or disguised, conscious or unconscious, or neglect his home and find new interests outside, which in every case will have a significant influence upon the mental development of the children. The feeling that "Daddy doesn't count," or that "it would be so much nicer without him" may even be fostered by the mother, who holds the same opinion herself, and who, in addition to this, has always been one who tries to attach all the interest and affection of those around to herself. Jealousy within the family circle is a weed with roots which twine

around and strangle all the tender growths within reach, and they are extremely hard to eradicate.

The problem of the new-comer and the jealousy of the ex-baby for the reigning baby, is one upon which we have touched before and is quite a familiar subject besides, but it is open to doubt whether much attention has been given as yet to the equally acute feelings of envy on the part of the second child towards the first, "Why was he or she there before me? Whose doing was that? Why am I not the eldest to whom so many rights and privileges belong?" These are topics of wide-spread interest and curiosity for the little person just getting old enough to realise matters and advantages of this kind. Only, eldest and middle children, as well as the youngest all have their distinct and peculiar trials, as we have already pointed out. The eldest, who are dethroned, and then called upon to act as models and protectors to those in whose favour they were forced to abdicate, find life has a seamy side. Middle children, who appear to have no place of their own, but are constantly shifted from one group to another when convenient, find it extremely hard to find their own level later on. The baby, who feels itself an unwanted anti-climax in the family, or strives to remain for ever the pet and darling has yet another grudge against fate. Only children have in some ways still harder trials to encounter, and find the problem of fitting into the wider scheme of things, which comprises contemporaries, almost insuperable. And to the children themselves all this is so baffling, all

these troubles so meaningless, and can only be better understood, after many years of experience of life and its difficulties have shed an illuminating ray upon them, and shown them to be not merely the actions of a vengeful destiny wreaking its spite upon us alone, for reasons we cannot fathom, and which we feel perhaps are the consequences of some unknown sin that we have committed in our ignorance, but just the ordinary occurrences of daily life, which are the common lot of humanity and no particular hardship which has devolved particularly upon us.

Before leaving this important subject of children's problems, there are still one or two more to which I should like to call your attention, not only because they are important in themselves, but because they are matters upon which nurses are frequently asked advice by mothers, and which if incorrectly treated in childhood, may have the most serious consequences in later life. These may be briefly grouped under the collective name of "bad habits," and enumerated as thumb-sucking, infantile masturbation, bed-wetting, night terrors and nail-biting. Why should these arise and what may be done to check them? In nearly all the bad habits of childhood we may find some interference with the even tenour of the child's affections or its comfort, primarily in infancy both are equivalents of the same feeling. The first and second are very closely connected with suckling and weaning. The baby, when its lips cannot find the accustomed nipple, from which so much pleasure and satisfaction has been gained, will substitute some convenient portion

of itself from the lost object, and continue to derive what comfort it may from this surrogate. Similarly, in the case of the earliest forms of infantile masturbation, which is of a somewhat different character from that which appears in later life, the motive is the same, namely, to supply a pleasure now lost by the hands, which formerly used to play with the breast during suckling, or the fingers which held the bottle. In this case the pleasure-gain is two-fold, that derived by the soft touch of the child's own skin to its fingers, and the pleasure experienced in the genitals, or whatever other zone the baby may choose for grasping or rubbing, for it may select its genitals, anus, or any other portion of its body for this purpose. We nurses often fail to realise how much pleasure, or the reverse, the infant may acquire from skin and muscle stimulation. These zones, as well as those we have already mentioned, genitals or anus, and also the lips and inner surfaces of the limbs at joints, are all extremely sensitive and we should be as careful as possible not to over-stimulate them by too much handling or caresses, when we are washing, drying or otherwise attending to the infant, because in many cases, this has been known prematurely to arouse emotions which may well be left for a later stage of the child's development. We know that unscrupulous persons may even with intent stroke a baby's genitals to soothe restlessness, but it is a practise which cannot be too severely condemned. In the same category one might easily place the habit of giving the infant too frequent soap suppositories, or the over-sitmu-

lation of too much tickling. It is only too true that treatment of this kind does provide intense pleasure, but that it is unsuitable and may be attended by distinctly harmful results there is no doubt. We cannot shut our eyes, however, to the fact that the adults who indulge in these practises with children, also gain pleasure thereby, and the gratification of their own infantile, unconscious wishes, which are some of the most important reasons why they continue to do it. But although we may warn adults who have the care of children, to guard against the over-stimulation of these sensitive parts with great caution, we should like at the same time, to utter another word of warning upon the same subject, that they should not deal harshly with the manifestation on the part of the children themselves, but try to find out what is amiss, and why this or that child is obliged to fall back upon such a method of compensation at this particular time; and by making the need for compensation less or even unnecessary, or by substituting another more desirable one, gradually lead the child's interest away from seeking pleasure in its own body.

Bed-wetting may be due to physical causes, as well as many that are mainly psychological, chief among these are again upsets in the child's affections, which send it back to find comfort in an earlier stage, when such relief to its feelings were allowed and the restraint of a higher stage of culture was not enforced, but there is also another cause of bed-wetting in children of both sexes, which is often entirely overlooked. Those who have been over-excited and over-stimulated

emotionally during the day, or who happen to sleep in their parent's bed-room, and, unknown to their elders, have the opportunity to watch that side of married life, which is usually hidden from children, may often react to their experiences in this way, either immediately, or because of dreams shortly afterwards, with bed-wetting or soiling. Events such as we have just described have also been proved to be responsible for a very high percentage of the night terrors that occur in childhood as well as their occurrence in later life.

Nail-biting is often thought to be but a natural sequel of thumb-sucking, and the companion of nose-boring, all usual childish habits, which will be eventually out-grown, and of which no particular notice need be taken save domestically and for aesthetic reasons. This certainly is true to a very great extent, but if one observes very closely when these awkward habits occur, and the children in whom they are most prevalent, we constantly notice that they are those we should designate as of a particularly nervous temperament, and that the habit becomes especially prominent when they are confronted with any person or circumstance of which they are afraid, and before whom or which they are reminded of their inferiority. The childish bad habit is frequently the outward expression of the child's sense of inferiority, a want of *savoir faire*, and frequently persists as such throughout life. The only remedy is to combat the child's sense of inferiority and to allow and help the little person to gain a more satisfactory opinion of itself. To this end we should very carefully

avoid correcting it before others, which will only add to its already far too large sense of guilt, shame and lack of self-confidence. Shyness is a terrible scourge to the young, and remains a heavy enough handicap throughout life. There are many people who think that children are best laughed out of their faults and failings, but the more we learn from the discoveries of psycho-analysis, the more we know about the evil consequences of ridicule as an educative method, and the less about its benefits.

"Do as you would be done by," is a safe maxim for an adult dealing with adults, perhaps, but it is not so reliable when employed by an adult dealing with children, because the adult has so many extra defences which the child lacks, that the conditions can never be equal in both cases. It would be as fair as a trained fencer in mask and padded tunic meeting an opponent, who was quite naked and inexperienced, and until that day had never held a foil in his hand.

LECTURE IX

SOME WOMEN'S PROBLEMS

Women's psychological development more complicated than a man's. Stages in the girl's development. Oedipus situation for the girl. Rivalry with the mother. Phantasies of adolescence. Homosexuality. Heterosexuality. Identifications. Wife and Mother. The mature married woman. Attitude towards her husband and children. Causes of unhappiness. The Menopause. Old Age and Death fears. The Spinster.

We have already touched upon many of the problems that concern women, but not from the angle where she alone is considered. It has been her difficulties among those of others, which has interested us, now comparing and now contrasting her reactions with those of her brother perhaps, or when discussing the general development of the child. It is now her turn to be the sole subject of our investigation, so that we may notice what particular part she plays in the development of others, and to what extent the reactions of those around her will effect her life and her attitude towards it, as well as that of other people with whom she comes in contact.

There are many reasons why the course of

woman's development is more complicated than a man's. Physically, a mature woman in connection with her function of child-bearing, undergoes a greater strain ; psychologically, her development is far more intricate, which we will describe in detail presently, and also, if we come to regard the economic difficulties that surround a woman we are obliged to own they are more complex. How enormously these have changed during the last fifty years provides us with material for reflection and we cannot help remarking that it has been necessary for the whole psychic mechanism of women to undergo similar reconstruction in order to keep pace with these changes. They have entered into direct conflict with woman's traditional status, and we may also add, opposed her traditional character and attitude of mind towards others and towards herself, which had been constructed by the slow compilation of many thousand years. We have already casually mentioned that woman is a far more conservative creature than man, but then, it is hard to determine whether the characteristic is innate or acquired from the repression involved by her training and the fact that it has been considered necessary for her to continue generation after generation following closely in the footsteps of her female forebears, whilst the man has believed it equally necessary constantly to strike out upon fresh lines for himself in competition with his ancestors. But as in the case of the males, who at various times in the history of culture, became weary of submitting to the tyranny of the Old Man of the Tribe, in more modern times represented by kings or capitalists,

and united to overthrow him and thus acquire more liberty for themselves; during the last half century a precisely similar process has been brought about where women are concerned. They have at last desired more freedom, and are uniting to overthrow the suzeraignty of tradition, the rules and regulations which were laid down for them by generation after generation of fathers and mothers of the tribe. Thus we find that the woman of to-day demands in her work and recreation a wider freedom, more compatible with that which men enjoy, and that many of them are refusing the duties and responsibilities of motherhood, feeling it to be a form of servitude rather than a privilege.

If we return for a moment and study the status of women in the dim twilight of primitive days, we find her the exclusive property of the Chief, living together with the other women of the tribe, bearing and rearing his children, until the boys attain an age when they could be regarded as rivals or a menace to his power, and were accordingly driven from the camp and the girls became old enough to join the ranks of the other women. At a later stage Matriarchy arose among some races, still in the days before monogamy had been established. Where this was prevalent, women enjoyed considerable power and far more freedom, particularly where they and their children were concerned. But unless we except the Matriarchal states and periods, we shall always find that women have been considered inferior to the males, that they have been more numerous and that in many parts of the world, there have been recognised

ways of disposing of the surplus girl babies. The realisation of this attitude respecting her position must naturally have very much affected the character of women, and influenced them considerably in their attitude towards others, both men and women. In the breeding of animals, one or other characteristics may be accentuated or diminished by careful attention to choice of stock, and equally careful subsequent training of the individual, which may to a very large extent be found taking place in various types of women who are seen at different periods and in different countries. From time to time in the world's history the fashion in women changes, just as does the fashion in her clothes. Almost as quickly, most of them transform themselves to fit in with the new requirements, but perhaps all the same, woman fundamentally remains unchanged in spite of the apparent alterations in her disposition.

The girl child first encounters public opinion within her own home circle, where, as a rule, the attitude of the parents towards their children of either sex, will generally follow the same trend, except in cases where a particular divergence from the common standard may be found on the part of her parents. This in itself will be a remarkable feature which will naturally react upon their training of the children. The normal course is for the parent to favour the child of the opposite sex, with a greater or less bias towards the boys, certainly among the races of the Old World. I am told that in America, the parental prejudice is frequently, if not always, on the side of the girls, but have had no opportunity for

judging from personal experience. Should however, we find that in certain households the reverse preference is very emphatic, that one sex is so far predominant over the other, that children of both sexes will be called by names usually appropriate to the one, we may rightly suspect that some very abnormal trait in one or both parents is at work, which cannot fail to exercise a strong formative influence where the children are concerned.

Again, the parental and public attitude towards moral behaviour, as well as manners, is more censorious where the girl is concerned than in the case of the boy. As well as the standard to which they are expected to attain being very much higher, it is required that a woman should adhere to the recognised code of moral behaviour far more accurately than a man, in whose case more latitude is allowed and for whom far more excuses are considered valid. This enforcement of a stricter Ego-Ideal, at once pre-supposes a greater degree of repression on the part of the girl, to enable her to fulfil the demands of tradition and that stage of culture which is in vogue in the age and country in which she is living.

Beginning with infancy, we will try to discover in what ways the girl differs from the boy, whether they are fundamentally identical or otherwise, and that it is only training and force of circumstance which distinguishes children of both sexes or whether from the commencement they are entirely different. Certainly it is in the first stage that the girl infant resembles her brother more than in any other, with the important exception of the attitude of those around

her, together with their preferences and prejudices. All those who come in contact with her, influence her in some manner. In weaning we may find the climax of this early variation, because it is more than likely that women who are biased in favour of sons or daughters respectively, experience considerably more pleasure when suckling a child of the favourite sex, than one towards whom they feel more or less indifferent, or one who arouses active dislike. This pleasure or the reverse must be transmitted from them to the children to some extent, and will certainly affect the feelings and reactions of both when the cessation of this process ceases, which has been the vehicle of so much emotion on both sides. Evidence, which we will give with full detail in the next lecture, seems to show that the man remains more addicted to oral pleasures than the woman, which leads us to suspect that he was the recipient of greater pleasure from this form of gratification in the first place, than the girl baby.

The most important discovery that the little girl makes in her life is when, sooner or later, she finds out that there is one great difference in bodily structure between herself and her brother, or little boy-playmates, and that he possesses something she does not, namely, the penis. All children object strongly to being less well-off in the matter of possessions than others, and the little girl in this case is no exception. She sets herself to find out why this should be, and her speculations fill her with wonderings, fear and envy. She tries to account for her deficiency by many theories or methods of reasoning, some-

times she may even put the question to some adult in charge, but from that plan of action she seldom derives any help or assurance. Usually she is told not to be "rude." She finally arrives at three typical alternative conclusions; firstly, that she has never possessed this thing, and forthwith believes it to be a mark of special favour bestowed by her parents upon the others rather than herself, and envies them accordingly; secondly, that she may gain it one day if she be very good, and finally that once upon a time she used to have it, and has been deprived of it because of some childish misdeed. Whatever reason she finally decides upon will be of the greatest significance for her development, because her character will be constructed upon this particular theory of reward or punishment. However, she decides she has lost this member, its lack will be in no way mitigated in her eyes. It becomes the hall-mark and proof of her inferiority, for which she will do her best to provide some compensation, but usually in vain. She may try to disguise her feeling of injury in many ways, but the most usual is the dislike or even hatred of boys or men, because they possess this distinguishing token of superiority.

Her curiosity once aroused about differences of this kind, will rapidly spread from wondering about the structure of little contemporaries to that of her parents, and the desire to see them without hindering garments. Such a desire meets with severe treatment as a rule when brought to the notice of parents or other adults, and in consequence of punishments or reprimands may disappear from the surface of the child's mind

to assume still greater proportions and dynamic possibilities from its subsequent position in the Unconscious. Frequently the object of the curiosity undergoes alteration owing to repression and instead of having a specific aim as formally, the goal of her inquisitiveness will become all-embracing. From curiosity about things in general, however, she may return again to another specific aim, which is likely to be superficially hidden because of the thwarting of her former expression of curiosity. Nevertheless, the child may presently risk another question again of the greatest significance, "Where do babies come from?" which comprises her curiosity, or desire for knowledge, her wish to corroborate any glimmerings of memory she may still possess of that event in her own life, as well as being a test for her parent's love and their integrity. If they really love her, she may argue, they will tell her, but once more she is often doomed to disappointment, and left in ignorance, even when the mere outlines of the truth would do so much to restore her wounded self-love.

To the girl, the knowledge of the facts of child-birth and the joys of motherhood will often form a satisfying compensation to her grief over the missing penis. But in order that she should regard motherhood as the crowning glory of a woman, it is necessary that it be explained by someone who really does hold this view and not by one who believes that child-bearing represents a woman's lowest degradation, the epitome of the *beastliness of married life*, which is the attitude of many women both married and unmarried. For a child to receive sexual en-

lightenment in this way is to poison all her thoughts on the subject from the commencement. It may be done consciously, so that "at any rate they may know the worst from the start," which is how one mother explained her views on the matter to me, which were a reflection of her own prejudices. Needless to say, her explanations were the probable cause of all her daughters' adopting an extremely negative attitude towards their father, and to all men in general. A reaction of this description may be the result of unconscious motives of revenge on the part of a woman, who, like the one quoted above, is by no means happy in her marriage, and who, having known nothing of the intimacies of married life before her wedding, discovered the truth too late for her peace of mind. A child is extremely quick to perceive if conviction sponsors the words uttered by an informant, and for this reason, one is compelled to wonder whether unmarried teachers are the most suitable advocates for the married state and happy motherhood, should sexual enlightenment be included in the school curriculum, which is a frequent proposition at the present-day.

We have already pointed out that psychological development of the girl is more complicated than that of the boy, for many reasons, one of which is the two-fold change that takes place in her attitude towards her parents, as love-objects, usually at quite an early age, often during the first or second year of life. The mother, who is the first love of both boy and girl is then exchanged in the girl's case for the father. This transference of affection is the normal course of

events and prepares the way for a later substitution of father for lover, which transition is then more easily made than when the girl's infantile affection remains fixed upon the mother. In this case we will find her wanting to remain at home and take care of the mother, maybe refusing marriage on this account, and finally after her mother's death, drifting aimlessly to and fro like a boat that has lost both rudder and anchor.

It is normal for mothers to prefer their sons, and fathers, their daughters. The natural consequence, however, of the little daughter's devotion to her father is a feeling of rivalry where the mother is concerned, which repeatedly finds expression thus, should the mother be away on a visit; "Mummy need not hurry back again, Daddy, need she? I can look after you ever so nicely?" Many mothers, also suffer acutely from jealousy, (sometimes unconsciously) respecting the love of the husband for the pretty and attractive daughter who is blossoming into womanhood, just when her own physical charms are nearing their wane. Unconscious rivalry is also largely responsible for the feeling of bitterness between older and younger women in professional and business life, where this mother and daughter situation is repeated in all essentials. It is the same situation also, which we have already described as occurring between father and son, to which the name of the Oedipus Complex has been given. The struggle between the younger and older generations may well be represented by this unconscious jealousy and rivalry of mother and daughter, or between persons in a similar position.

After a time the attention of the little girl shifts from her family circle and the interests of her home, and concentrates upon her school and little contemporaries of the same sex. She conceives passionate friendships for other girls or adores mistresses, which contributes healthily to her development, unless carried too far, or dangerously reciprocated by some love-hungry older woman. The child's own mother may be inclined to deplore or resent this lessening of her influence, and, what seems to her, the diminution of the child's affection for herself, but after all it is an essential stage of development, which if checked or prevented, will stultify growth and prevent freedom of intercourse with contemporaries or authorities, even the capacity to form friendships in after life. This *Latency Period*, as it is called, bridges the years between early childhood and pre-adolescence and adolescence, which are times of stress for boy or girl, and require careful handling.

The changes, mental and physical, that the girl is called upon to pass through at this time, involve a very heavy strain upon her, and it is much to be regretted that a change of school, or greatly increased work and responsibility often fall upon her shoulders from without, just when the physical and psychological strain from within is already so great. We usually find these years attended by a certain amount of physical as well as psychological instability, but with care and wise help it should be safely weathered. The most significant change, and that which requires the most care, in the case of the girl, in the onset of menstruation. Many of

the later abnormalities of menstruation, menorrhagia, dysmenorrhoea, and amenorrhoea are the result of the shock consequent upon the first appearance of the menses, no knowledge of its meaning or significance having been offered to her beforehand by way of explanatory preparation, and finally only an inadequate or even cruel exposition of this function of womanhood, being given her after menstruation has already commenced and she has already suffered acute mental distress and perhaps also much physical pain because of it. Once again, as in the case of earlier sexual enlightenment, if the attitude of the person explaining matters be one of disgust or hatred, should she point out that this is an humiliation, one of the worst things "a woman has to put up with" the curse put upon women at the Fall, in fact, it is more than likely that the girl will become in future a physical sufferer at her periods, in this way transferring the pain from her mind to her body.

During adolescence, the girl recapitulates her childhood's processes, and we may observe once again, amongst other manifestations, the child's shyness with strangers, and her unwilliness to leave the home circle and encounter unfamiliar circumstances or surroundings. The development of her body may fill her mind with apprehension and often a feeling of shame, so that she will try to disguise the fact that her figure is changing from that of a child into that of a woman. The shyness and self-consciousness that makes her feel all eyes are upon her, often reflects the unconscious wish that she may be admired of all beholders. The conscious know-

ledge that this is by no means the case in reality, increases her awkwardness and she feels ashamed and miserable. This maladroitness may again recall a fear symptom of early childhood, a tendency to frequency of micturition, in connection which she suffers untold agony lest she cannot escape unseen from companions to relieve herself. There may also be a recrudescence of masturbation; in the girl, however, not usually such a marked symptom of adolescence as in the case of the boy. With the girl it frequently departs from the direct form, either manual or with the legs crossed tightly over one another, and adopts a substitute form connected with phantasies of some kind, often of being beaten, which will produce all the affects generally typical of true masturbation, intense pleasure which increases until a highest point is reached, which may be compared to an orgasm. Unless it be made a permanence by the addition of shame and guilt, through being discovered and dealt with unwisely, or through being explained as an evil practice to which most serious and disastrous results accrue, it will be but a passing phase, that will probably disappear when menstruation has become more firmly established. The physical results which are often attributed to it to frighten children into giving up the habit, are not only grossly exaggerated, as a rule, but also fail in their purpose, because the fear which is aroused by these threats more often leads to its continuance rather than its disuse.

The adolescent is prone to phantasy-making, in which she always occupies the post of honour

and thus achieves that which is only too usually denied in reality. There are several well-marked types of phantasy which we find predominating in the adolescent girl. The phantasies of childhood are to a great extent similar both in boy and girl. These we have already described in the lecture upon the phantasy-life. There are a few, however, more especially typical of the adolescent girl. Foremost among these we might place the *Cinderella Phantasy*, which shows the dual aspect of the young girl's life, as she herself imagines it, and which traditionally it was, without doubt, although for a great number of girls to-day it has been entirely changed. She waits for the Prince, and meanwhile fills the rôle of the drudge in her home. This day-dream of the ideal mate, who will one day come to claim and liberate her, is one of the most favourable for a future happy life as wife and mother. *The Flying Dutchman Phantasy* is also common, especially among girls who have been tenderly devoted to their fathers, or in cases where the father has been dependent upon their help in some way. In this day-dream, we find them imagining themselves cherishing the declining years of a middle-aged or elderly man, thus delivering him from loneliness or some other curse, in which we may recognise the childish wish to keep house for father. They may carry out this day-dream in reality, by looking after the father instead of getting married, or by marrying some elderly man, who in some way resembles him. *Phantasies of School-Life* will also occur, in which the girl will be either the envied or admired leader of her school-fellows, or by

unexpected good fortune raised to esteem and popularity from quite an opposite position or be the adored of some mistress, who at the moment is the chief mother surrogate. She may also indulge in the phantasy of being lonely and unhappy with the sequel of finding a beneficient friend who makes her a pet and favourite in whom we may recognise either the father or the mother, according to the sex chosen for the phantasy friend. There is yet another type of day-dream, extremely popular with the adolescent girl, in which she adopts a boyish rôle, the outcome of the early wish to be a boy, and who performs gallant deeds, often connected with the idea of rescuing somebody from danger, or saving life. The important point in this phantasy is whose life it is that is to be saved. The motive may be that of the Joan of Arc figure, where the country, a familiar mother symbol, is to be delivered from marauding foreigners, and the young King (who in her phantasy may represent her own son, a younger brother, that is a young male counterpart of herself), crowned by her. Or, like Flora Macdonald, the woman, but with still rather a masculine character, she protects the young Prince, who is as helpless and dependent upon her as a babe upon its mother. Again, there is still another type of the saving phantasy in which the heroine more nearly approaches the true feminine type, that of Catherine Douglas, who willingly sacrificed life and limb to save her King, James of Scotland. The form in which this saving phantasy takes shape will depend largely upon her identifications and love-objects. We may find it afterwards influencing her future,

in that she may want to rescue those whom she believes are in moral jeopardy, and may marry some young man in order to reform him, or she may transform the day-dream of saving life into the profession of a nurse.

In these representative phantasies, we may see the various aspects of the girl's character as she stands at the cross-roads between childhood and maturity, and in them we perceive indications of the road her feet will probably take in the future. One other form of the day-dream, we have left until now unmentioned, indeed describes the feelings of a girl about to become matron instead of maid, and belongs to the time when this event quickly followed puberty. That is the phantasy of the maiden sacrificed to the monster. She is rescued by the prince, or the heroic lover and marries her deliverer; a poetic way of representing the sacrifice of her virginity and subsequent love for her husband, who, upon closer acquaintance proves to be not so alarming as the monster she imagined would devour her.

The girl emerges from adolescence ready to take a greater interest in members of the opposite sex, and to face the deeper issues of life, either with her psychological trends set in the direction of marriage and motherhood, which is the hetero-sexual development; or, if she has not yet forgiven fate for making her a girl instead of a boy, to turn away from men and devote herself to spinsterhood, ardent friendships with other women, homosexuality, that is, and a career. All her reactions have been influenced by events in her childhood, and the information she received, directly or indirectly, consciously or

unconsciously, about the comparative advantages and disadvantages to be gained from relationships with men and women, in fact, what actually amounts to her attitude towards sexuality as well as to her own and the opposite sex. There is yet another alternative, she may resolutely refuse to develop into a woman and grow up, clinging to her childish dependence upon mother and home. It is interesting in this connection to observe that girls who are inclined to this characteristic, frequently identify themselves with the little boy. She wishes to occupy the place of a little son in her mother's affections, a small Peter Pan, instead of wanting to identify with her, which would make her a woman, and a mother in her turn, or even with her father, which would send her out into the world strong and capable, even if a trifle masculine in her ways. Arrived at womanhood, the girl passes on through the years of maturity, her interests occupied with married life, a career of her own, or an existence of leisure. All those with whom she comes in contact, she is bound to influence in some way for good or ill, after the pattern of those about her in her own childhood and youth. Again and again, she finds in friends, colleagues and even her own children, those whom formerly she loved and hated, continuing to act towards them after this old model, but without being able to give any clear reasons for her behaviour.

Let us now investigate these reactions of women, once maturity is reached, with rather more detail, for they will explain many of the difficulties which arise in the lives of those with whom we come in contact professionally, be they

married or single. There is perhaps not so much to be said about the young woman who early transfers her affection from father to lover, and who finds in him both the surrogate of her father and the reflection of the masculine part of herself, to whom she also stands both as the reanimation of his mother and the feminine part of himself. To her, child-birth will be the greatest event in her life, for here she may draw the circle of her love and the identification with her first love-object complete. Once more she may possess the mother of the past by becoming the mother of the present; once again be the little child in the person of her baby. It is not to be wondered that in the stupendous moment of so many infantile wishes coming true, the balance of many women loses something of its equilibrium for the time being, or that some may even shirk the responsibility altogether, consciously or unconsciously.

Those people whose lives flow on in peace and comfort need not occupy us as much as those who do not find this satisfaction in life. The nurse is always more concerned with abnormal conditions than with those which leave nothing to be desired. Only too frequently women do not find happiness in marriage, why should this be? because it is not always in cases where there are obvious causes for unhappiness that it occurs. It seems to be dependent upon internal, rather than external reasons; or we should preferably say that it is determined by the Unconscious Mind rather than the Conscious, the past more properly than the present. Primarily marriages are often unsatisfactory because either one or

the other, or even both partners, seek more than they rightly should expect. We will confine ourselves here to the woman, however. She may always be comparing her husband to a much loved father, and forever finding him fall short of this ideal. She may again be entirely devoted to her mother, still psychologically unweaned, and so incapable of transferring her affection to a husband in the same way that she never transferred her childish love to her father. The only love which she understands is that for another woman, an homosexual attachment, which reanimates the old bond between herself and her mother. In this case the absence of the childish transference to her father may have been caused by the mother being of the type who preferred her girls to her boys, her children to her husband, or the obstacle may have been the father himself, who may have shown the children little affection on his side or was of a hasty, violent temperament, so that the children grew up fearing and hating him. This effect may be brought about by reality or by phantasy, and may happen with or without real cause. The result remains the same, however, whatever the cause, the girl will preserve in her Unconscious the old hatred and aversion, and proceed to transfer it to her husband, constantly acting towards him as though she were settling these old scores of her childhood, although he actually has done nothing to deserve such treatment. All the time, she may be consciously exceedingly fond of him, in spite the fact that he irritates her in those ways in which he reminds her of her father. Again, her attitude may be

seriously influenced by what we call her *Castration Complex*, her jealousy of man because he has an organ of which she feels she has been deprived, and therefore cannot live peaceably with one who represents (unconsciously, perhaps) her bitterest foe and rival. We may fill in the gaps in these brief sketches with incidents we have observed from our own nursing experience, where husbands and wives are concerned ; the obvious feeling of inferiority and envy on the part of the wife, which may often cause her to be overbearing and inclined to be dictatorial and unwomanly by way of compensation—her jealousy of other women where her husband is concerned will be but the reflection of her old jealousy of her mother and sisters, who, she may have thought, obtained more of her father's love and affection than herself. To another aspect of her jealousy, we have already referred, that of a pretty young daughter when she herself is forced to realise that her physical charms are on the wane. Personal beauty is of the most vital moment to a woman, and represents to a very great extent her most sure value. Quite early in her childhood does she realise its worth as a generator of affection on the part of parents and others, and that this is true, even though they may deny it and endeavour to teach her that looks play no part in preferences.

She may behave towards her children in the various ways to which we have already referred in describing the behaviour of mothers towards their offspring, for the same unconscious reasons ; but the woman who is without children is in a more sad plight than she who is not happy with

them. Age-old is the idea that the barren woman is accurst. Sterility has always been considered a punishment or a mockery of the gods where women are concerned. Then as now, numerous methods have been employed to counteract the curse, but repeatedly it has remained in spite of all precautions, for the unconscious processes of the woman, her attitude towards herself, her husband or men in general, and, we must not except child-bearing itself, have not changed, and it is here that we must look to find many of the causes of this sterility on the part of the woman. Not only does her childlessness affect herself and her husband, and their relations one with another, but also her views upon life in general and especially about other women, who, more fortunate than herself, have "their quiver full." That attitude of carping criticism, which may also be seen in the spinster, and her persistent interference, after all only represent her own bitterness and regret, and tell their own tale, which calls for sympathy rather than condemnation. We may also see, as the woman grows older and her children attain marriageable age an unfortunate tension between herself and the young women chosen by her sons as their wives. Consciously or unconsciously she regards them as rivals, and thus objects of especial hatred, because the woman, really deep in her soul never wishes to surrender any son, still less a dearly beloved one, to another woman, and for this reason do we find so much difficulty arising between mothers and daughters-in-law. On the contrary, they will normally be far more ready to welcome sons-in-law, even though some

daughters fancy their mothers would like to imagine themselves young once more and still indulge in a little mild flirtation. This indeed, sometimes happens, and it has even been known that the daughter's suitor finally weds the widowed mother. She will renew her youth by this means, and by identifying herself thus with her daughter, begin her married life and her child-bearing over again. The daughter, however, may feel the mother's unconscious or even conscious rivalry tiresome and perhaps ridiculous.

If motherhood be one of the heights of a woman's life, the *Menopause* is one of her greatest depths. In fact, she cannot but regard it as the precursor and symbol of death, this passing of so much that has been dear to her, and the waning of her personal beauty, for reasons we have already given. She must now take comfort and live again in the lives of her children, which may sometimes lead her astray into interfering terribly in their family affairs; or, she is obliged to draw upon her other reserves in the bank of life, love of husband, friends, interests and hobbies, everything which may provide compensations to carry her on to the end. Old age shows the married woman serene and contented, or embittered at the many disappointments and disillusionments she has found along life's way; calmly accepting the fact that after this earthly journey comes rest, or struggling pitifully with the fear of death, which recapitulates at one and the same time fears experienced in child-bearing and child-birth, childhood's anxieties, and other echoes of the past; for throughout the ages, among cultured races as

well as in primitive tribes, we find death considered as the repetition of birth and the hereafter reflecting the heretofore.

But it is not all women to whom this applies, by far the greater number of women do not get married. We may be inclined to give various explanations why this should be so, chiefly perhaps the reason of the decrepancy in comparative numbers between men and women, but still this does not throw much light upon the main issue, which is the determining factor that decides whether a woman marries or not, because we frequently find those getting married that we should not have believed would embrace matrimony, and yet see others remaining single, at whose weddings we should have expected to have danced not many years after they left school. What really are the reasons that keep a woman from marrying? They may be conscious or unconscious, of course, but first and foremost we must point to the fixations upon father or mother which we have already shown to be of such moment in unhappy marriages. The childish affection has been so strong, or so restricted within the home circle, that it cannot afterwards become transferred to a stranger, one that is outside the family. Next, we may cite the girl's hatred of all men because of her jealousy and envy of them; her sense of their superiority and her own inferiority. She cannot bring herself to play second fiddle nor clear her mind of the idea that the man wants to turn her into a drudge. Again, she may frequently remain unmarried because of the unhappiness she may have witnessed or imagined existing between

her parents, or still more often because she has heard an unfavourable account of the essentials of married life from one who is herself disgusted with them, which has filled her with fear and loathing of anything that approaches sexuality in any form, so that the very word makes her turn away in disgust, so that she refuses all topics access to her mind which she feels are in any way akin. This is the type that develops most completely into the sour old maid. She may take up a profession or a career, she may be successful in it, but because of her attitude to life, her overwhelming sense of inferiority, no satisfaction nor happiness may be found in any of her achievements. As she grows older, this attitude naturally becomes more pronounced. All that she has seen and heard of other people's troubles and they will seem to her more conspicuous than their joys, are to her but the corroboration of her own views concerning the evil propensities of men and her pity for married women.

If she should have taken up nursing as her career, which is more than possible, because it would fit in with her desire to help women, and alleviate their sufferings which she believes to have been caused by men, through their thoughtlessness or even malice propense, the result will be disastrous both for herself and her patients, because her attitude of dislike and contempt will be both apparent and infectious. She will quickly disseminate her unhappy views far and wide, so that she may often be responsible for making the rift still wider between the husbands and wives with whom she comes in contact in her work.

Some unmarried women may find in their lives, professions, hobbies or friends, that which will amply fill the place of husband and children, finding in them an outlet for their energies which will prevent the bulk of the unmarried woman's difficulties such as we have just been describing, and make her contented and a quite pleasant person to know, but it may not last for ever, substitutes cannot provide such a complete sense of satisfaction as the real objects upon which to lavish her affection. Sooner or later the woman must become aware that she has missed something, which after all is the best of life, and should she not feel it before, as she nears the climacteric, it must be brought home that a vital part of her is vanishing for ever and that her chances of finding true happiness are going. Forever she will have to remain the barren woman. She is like those upon whom the curse of sterility has fallen. And yet, there are even some, who, because of their unfortunate early upbringing and the repressions of their parents or those who attended to their education, have had their attitude towards that side of life so warped and thwarted that they look forward to the cessation of that, which to them is a horror and reproach, and the fact that the menopause writes "Finis," to their sexual life, is a relief, because they realise that something they have hated can worry them no more.

We find the old woman approaching her end along the paths of wifehood, motherhood, spinsterhood, with the same lagging, unwilling steps. None wish to hasten, few even to travel to that "bourne whence no traveller returns" however

unsatisfying and unhappy this life has been. Perhaps they are still hoping that someday a great joy will still come into their lives, or perhaps it is because they fear so much what may lie beyond.

LECTURE X

SOME MEN'S PROBLEMS

Usual preference for the boy. Many Mothers and one Father. Boy's fear and jealousy of the father. Influence of the War and the absent father. Mother's dissatisfaction with her marriage may exert an effeminizing influence upon the boy. Oedipus Complex. Ambivalence of the son. Rôle of both father and mother in this drama. Latency period and boy companions. Adolescence and the growth of the Ego-Ideal. Homosexuality. Heterosexuality. Friends and Marriage. Lack of understanding of fundamentals between men and women. How this applies to the Nurse.

At the commencement of the last lecture we mentioned that the general preference for sons played an important part in the formation of the girl's character, and laid the foundation of the feeling of inferiority, which is so often found in women, if not consciously, then buried deeply in their unconscious minds, from whence it makes a reappearance in all kinds of strange and unrecognised manifestations. Conversely, it is to be expected that the same fact will be equally significant in the development of the boy's

character. The boy very soon learns that he is a privileged person, and that a son is of far greater importance than a daughter, in most normal households, that is to say, of which knowledge even young children early take advantage.

Should we ask why this should be the custom to-day, we have only to examine the evidence of tradition, history, religion and the law to find substantial foundation for the result. The family repeats in little what the world teaches, and we find fathers and mothers, for various reasons, combining in son-worship—the father, because in this small person he finds a replica of himself; the mother, because in her son she sees what she has so often wished to be herself, a boy, so intimately connected with her that by means of identification with him, she may obtain her wish. This, in brief, is the kernel of the desire for the son, and admiration of him, which custom and tradition has clothed in a hundred picturesque devices.

Although this is a fundamental principle, there are several others that should be taken into consideration at the same time, chief amongst which is jealousy, which can be found on the part of both parents, even though it may frequently be hidden in the Unconscious. The father's jealousy springs from sources such as these: the son will probably survive himself, and reap the benefits he has struggled hard in his lifetime to attain, having better opportunities than he himself had as a young man, with a prospect of gaining what he had formerly hoped for but in vain, besides this he envies him the love and attention of his

wife, the child's mother. The mother on her side, may be jealous of the boy's masculinity, for the same reason that another woman may rejoice in it, *i.e.*, because of her own childish wish, to be a man. Hence, she may consciously or unconsciously dislike the child, although manifestly she behave in precisely the opposite fashion and spoil the boy very much, so that her lavish tenderness and affection is but a reaction formation of her own unconscious feelings of hatred and jealousy.

From the little boy's usual position of being the centre of female admiration and attention, probably comes the male tendency to expect service and admiration from every woman around him, as well as his capacity to love several women at the same time, because he has always been in this situation since childhood. Mother, nurse, aunts and feminine friends of the house have hovered around and waited upon him untiringly. Father was not a person to be treated in this way ; not much service might be expected from him ; he was feared and obeyed, being referred to by others as the ultimate authority in cases of insubordination. The woman, on the other hand, is more prone to give her love to one man only, for had she not but one father, to whom she bestowed her infant affection. Men in general did not give her the attention in her infancy that her aunts devoted to her brother, the only man who did take much notice of her at this early age, being probably the father.

The mother's unconscious attitude to her own womanhood, and to the opposite sex, which includes her real feelings towards marriage,

will be the foundation-stone upon which the child builds up his opinions respecting men, women and himself, and when we consider the gravity of this fact, we should also bear in mind that it is the real feelings of the mother which count, her unconscious attitude, and not what she imagines or tells others as her beliefs, because the two are frequently diametrically opposed. By regarding the consequences of this important factor, we may gain some insight into the question of the post-war child, or rather, those children, born during the War, who, to a very great extent, were brought up by the mother alone, seeing the father only occasionally and at intervals, upon visits of a few day's duration. In such cases all that has been previously mentioned about the influence of the mother and her unconscious ideas respecting life, must be remembered as having peculiar significance, since the counterbalancing influence of the father was missing, as well as his example, that the boy requires to assimilate in order that he may incorporate manly characteristics into his Ego-Ideal by means of identification. In households where the father is either temporarily or permanently absent, this becomes much more complicated, the mother is bound to serve to a great extent as the pattern for both boys and girls, the boys frequently adopting her more feminine traits, and the girls the more masculine ones, as well as these reflecting those of the absent hero father. This may also, in the case of the boys, be accentuated by the fact that the mother, being anxious on account of the danger to which her husband is exposed, and her feeling of horror and repulsion

at the idea of war, will emphasise the gentler and more feminine virtues, and be ready to condemn the rougher and more manly, as reflecting the warlike spirit, which she would gladly see exterminated altogether. Difficulties in character-building may also be found in families where there is a lack of harmony between the father and the mother, which is always quite impossible to hide from children.

It is customary for the boy to include the emotions of fear and jealousy in his attitude towards his father for several reasons. Primarily, the father is not so essential to his early comfort, nor so sympathetic and understanding towards his infant sorrows, as a rule. He is held up as the avenger and court of appeal in cases of misdemeanour ; frequently he is both judge and punishing agent. He is large, strong, and noisy, all factors that are contributory to a small child's fear. It is quite obvious that the father causes the child to feel his weakness and inferiority more than the mother, probably because the father's egoism strives for this effect. He likes to feel strong, powerful and superior. It is this fear and incapacity to deal with the situation in a way satisfactory to himself, which causes the little boy's conscious or unconscious hatred, which exists although often unrecognised, side by side with his love for his father, of whose strength, size and deep voice he is at times immensely proud. Again, the boy is jealous of his father in relation to his mother. He is the prime rival, the one even more to be feared than the new baby, boy or girl. This factor of jealousy of the son for the father and the part

played by the mother in this drama of childhood, is of the utmost importance for the subsequent life of the boy. There are women, of course, who prefer their sons to their husbands, who strive both consciously and unconsciously to bind them so closely that they can never free themselves. These are usually the women to whom marriage has proved an emotional disappointment, who have never given nor received from their husbands very much affection, and since it has accumulated through having no adequate outlet, it is poured out upon the young son, leading to most undesirable results.

Having thus sketched an outline of the respective attitudes of parents to the son, and the son to his parents, when young, we must now turn to the investigation of the various feelings which exist between the boy and his brothers and sisters, both older and younger than himself. It is no uncommon occurrence to find a girl heading the family, the next-comer being a boy, some few years younger. This brings with it the concurrent problem that the girl is both bigger and stronger, as well as more efficient than her brother in various childish accomplishments. She usually treats him too with a good deal of motherliness, although very often this is mixed with a certain amount of masterfulness. At first, the boy may be her willing satelite, but sooner or later the struggle for independence begins, and leads to a protracted and often bitter warfare between brother and sister, the latter being unwilling to relinquish her claim and the former reluctant to continue his allegiance. We frequently find that the ultimate result of this

attempt to free himself from his primary dependence upon the sister, and the little boy's feeling of inferiority to her, is that the child, once he has broken away from the sister's influence, will transfer to all girls the dislike he originally felt towards her, and because he refuses to acknowledge her superiority, regards all other girls as hopelessly inferior to himself by way of compensation, which helps to salve the wound to his self-love and pride. Little sisters will generally be regarded with scorn as grossly inferior, and indeed, parents are not altogether blameless for this state of affairs, because in training the boy, they often make use of the phrase, "Don't do that, it's like a little girl" using this as a most invidious comparison. But contrarily, we may often see one sister singled out for special love and tenderness, and treated as a playmate or love-object. Boys who have no sisters will often long for them and greatly envy companions who have them, or take up the opposite attitude of regarding them as strange phenomena of which they are shy and frightened, which they will endeavour to hide behind a screen of hatred, indifference or aggressiveness. The brag and the bully are usually the product of older brothers and sisters, a middle child, who tries to pass on to those weaker than himself, the treatment he has received from his elders.

It frequently happens that we find a brother and sister grow up with deep and permanent affection for one another. Onlookers may teasingly call them "lovers," but this is but an example of a jest which hides a considerable amount of truth. The two have transferred

their love from each parent respectively to one another, and are really tenderly attached, to the extent of being unhappy when alone and entirely oblivious of the attraction of other boys and girls. Frequently it may be a lifelong attachment, and the two may set up house-keeping together later on or the sister will help the brother in his work. Should one manage to break loose from this union and marry, it will cause real suffering to the other, whose physical health may suffer in consequence of the separation, as though death had intervened to break up their happiness. Neither could be expected to entertain the idea of a possible marriage-partner for the other, except with jealousy and hatred, and the fresh union most probably leads to an outbreak of major or minor hostilities against the interloper, on the part of the one now left solitary. In cases where this transference has been made early and becomes permanent, we will often find both brother and sister extremely shy of all those outside the family; indeed it is sometimes difficult to determine whether it has been this shyness which has drawn them together in the first place, or whether the mutual affection and sufficiency that each finds in the other, has caused the unwillingness to mix with strangers. When this exclusive affection is not lasting, and a marriage of one or other does occur, the choice of partner is often a matter of the greatest moment, because it may clearly demonstrate that the person chosen is a surrogate for the original brother or sister. The age or name may be similar, there may be some personal resemblance, or it may be an old school-friend of the other,

so that, as it is impossible actually to marry a brother or sister, a husband or wife has been chosen who will repeat the earlier love-object as nearly as possible.

Between the ages of seven and ten or eleven, school and school-fellows become the predominant interest in the boy's life. Games and sport fill the place in his mind hitherto occupied by family and home; it is the natural course of development, and although mothers may try to hinder what they feel to be the weakening of the boy's affection for herself and his home, to check it will be as grave a menace to his development as it is in the case of the girl. The boy, especially needs the male element in his education at this period for the purposes of identification and the construction of manly ideals. The mother may also fear that with the withdrawal of her person, her influence will be entirely lost. We know that it is the fashion in many schools to regard mothers as among the major burdens and impedimenta of this life, but it greatly depends upon the worth of the mother whether this be a lasting impression or not. The woman keeps her son's affection and respect if she be worthy of it may be advantageously remembered in this context.

With adolescence and the few years immediately preceeding it, we find psychological disturbances similar to those we described in the case of the girl. The boy undergoes changes and development to fit him for the functions of maturity, and needs wise love and help to guide him through this arduous time. One of the most important differences that is to be remarked

among the manifestations of puberty in boys and girls respectively, is the mental attitude towards these changes, which include the acquisition of secondary sexual characteristics, such as growth of pubic and facial hair, development of the genitals, deepening of the voice in boys, growth of pubic and axillary hair, development of the breasts and menstruation in girls. The boy welcomes these with great pleasure and pride, anxious only if they do not make their appearance as soon as he expects; whereas the girl sees in them only too frequently the marks of her inferiority and humiliation. Why, we may well ask ourselves should not a girl rejoice at the threshold of her womanhood, as much as the boy in the coming of his manhood? The answer lies in the girl's old fear of castration; the menstrual hæmorrhage and pain revives this old fear and guilt which is the chief cause of her different attitude.

It is true that the boy suffers considerably, just as the girl, from shyness and self-consciousness during adolescence, and tries to disguise it in many ways, frequently, as she does also, in an outward, exaggerated semblance of assurance or simulated truculence, which is unfortunate, as it may be taken at face value, and easily misunderstood by those who do not remember their own feelings at this age. Masturbation, mutual masturbation and similar practises are all too common among boys of this age, and require careful handling, because if too complete satisfaction be found in these methods of sexual gratification, they will be continued long after natural development should have discarded them for more normal, adult forms and marriage, whereas,

the struggles of a youth entirely to suppress this expression of his dawning maturity, which after all cannot but be regarded as the normal accompaniment, in moderation, of the boy's development and acquisition of adult functions, may result in a more serious mental condition than could ever have been the consequence of the original state of affairs. In the boy's case still more even than the girl's, it is the custom to connect the most serious physical and mental troubles with masturbation, such as blindness or insanity; so much so, that a condition akin to these states may be acquired because of the threats working on the minds of boys at such an impressionable age. This making of threats and the attempt to frighten the young is but another example of the adult trying to be revenged upon the coming generation for the behaviour of others towards his own youthful aberrations in the past. A good deal of sexual curiosity again obesses the boy's mind at this age, as it did formerly when he was younger, concerning fundamental questions, such as what differences there are between girls and boys, where do babies come from, why do we have a father as well as a mother, and what part does the man play in the procreation of children. Most probably his questions may be given evasive answers, as they were in the first instance, and the boys at school will try to solve the problems themselves with the help of smutty stories, obscene jokes and scraps of such information as they can raise between them. Sometimes a school-master or parent will do his best to give what he calls sexual enlightenment to the boys in his care, but frequently this will be so carefully

wrapped up and couched in such nebulous terms, that unless the hearers were already experts in the subject, it will convey absolutely nothing to their minds. This is one of the gravest errors into which many of the little books fall, which are often thrust into the hands of girls and boys, by parents and guardians, who are too shy, which means, who are suffering too acutely from early repressions, to be able to discuss such questions openly with the boys and girls with whom they come in contact.

It is unfortunate for the boy also that his school work and games are quite so strenuous at this age, because his strength is often unequal to the task of grappling with the many demands that are being made upon him at one time, physically and psychologically. It is now that masters at school and mothers at home will require to exert all their wisdom in order that the die may be cast rightly, whether the boy will hereafter become predominantly interested in boy-friends, and shun the society of women, that is, he will become homosexual in tendency, or return in the normal way after puberty to take an interest in girls, from among which he will later on choose himself a mate, an heterosexual love-object.

It will help us considerably to understand what is going on in the mind of the adolescent boy should we investigate his typical day-dreams of this period, as we did in the girl's instance. We will find on the whole three main groups, those which have reference to his attitude to his father, which naturally includes school-masters and all male authorities, among which stands the King, in his traditional position as Father of his

People; next, those in which we may plainly see the mother or her surrogates, who in adolescence may be represented either by the mother at her real age at the moment, or as the young woman, who repeats the mother when he first remembers her, as a baby, and whose image has been preserved always young and always beautiful in his thoughts, because of his love for her. The third group deals with him together with his contemporaries, school-mates or friends, either boys or girls, but chiefly the former.

1. *The Father Phantasies*: these may be once more sub-divided into (*a*) hostile phantasies; (*b*) service or saving phantasies, which in the case of the boy may also show a trace of the attitude belonging to the first group. If we remember that adolescence recapitulates the chief mental occurrences of childhood, we cannot omit the Oedipus Complex. This represents the son as the rival of his father for the love and favour of his mother. In this triangular situation we find the kernel of the largest number of adolescent phantasies as well as the subject of a very great proportion of novels, plays or poems, which are all derived from the same source, namely, repressed infantile wishes. Rebellion against the father is a frequent theme, whether in the home itself, in school where the father's place is taken by that of a surrogate, or a still more phantastic treatment of the same theme may appear in which the crew of a ship mutiny and abandon the captain on a desert island to be devoured by cannibals, or a tyrant is overthrown by revolutionary subjects. The same motive is recognisable in all these instances, the overthrow of the father and

the triumph of the son. But in spite of such expressions of negative feeling the son's sentiments towards the father are ambivalent, that is, love is a component equally as important as hate, and we therefore find the type of phantasy we have already described as (*b*) the service or saving phantasy, as well as the first. It is true, however, that all are not expressions of unmixed love, because to put another, especially one who is usually considered superior to oneself, in the position of being under an obligation for some service rendered, is closely akin to an humiliation. Therefore we must not banish this view from our minds when discussing the question of these saving phantasies, particularly when the object is another male. But we should bear in mind at the same time, however, that the boy may, from quite an early age, have taken his father as his love-object, some disappointment having arisen to interrupt the smooth flowing of his affections where his mother was concerned, and he is consequently of the homosexual rather than the heterosexual type, which means that he is ready to adopt the little girl's attitude and reactions towards the father, which naturally gives rather a different meaning to these phantasies of devotion and loyalty. Usually they are given a romantic setting, perhaps even transferred into the olden time, when knightly armour and tradition were in vogue, and gallant deeds seemed more thrilling than when connected with the more prosaic costumes of the present day. Another type of phantasy, which we may find in the adolescent boy, as well as in the girl, is the masochistic or suffering day-dream, and it may

well stand mid-way between those belonging to the father and mother, because it may apply equally to both. First the boy is ill-treated by father or mother and driven from the home, to wander forlorn and miserable for a time, but inevitably he will find, sooner or later, the beneficent friend, man or woman, who adopts this love-hungry boy in place of a beloved, only son.

2. *The Mother Phantasies* extend over an exceedingly wide range of subjects and represent the youth as the only or best beloved son of his mother, who may often in the phantasy be raised to the eminence of a Queen, in which case of course the son becomes a Prince. The father may be represented as dead, away upon a journey, or at the wars; the absent father being quite in accordance with the son's unconscious wishes. On the other hand, the day-dream may weave the romance that these parents are but foster parents and that the real father and mother are of royal or noble blood, but that the child has been stolen away or abandoned by his rightful parents. Illegitimacy may also figure in these adolescent phantasies, and he will weave many day-dreams about the identity of his father, and what would happen if he found him. This also shows a certain amount of unconscious reproach against the mother, whose constancy he consequently feels not to have been as sure as her beauty. In primitive times it was the custom for the son to be sent from the camp at puberty, and later in the history of civilisation we find the young man going into the world to seek his fortune as soon as he had reached man's estate. We find this idea reappearing in the phantasy-life of the boy,

as well as a reflection of ancient puberty rites and endurance tests which repeat these old ceremonies. As a rule somewhere in the setting of this drama, we find the mother figure, before whom, as an appreciative audience, the son eagerly plays the young hero, to be rewarded by her words of praise or her smile. Again, we find saving phantasies appearing with their object being either the middle-aged or the young mother, and the son performs deeds of unprecedented valour to rescue her from terrible dangers at the hazard of his own life. But the apparently impossible always happens, and at the last moment safety is won for both.

In connection with this idea of the son faring forth to seek his fortune, especially the second, or a younger son, we find that the day-dream acts as pioneer of reality, and that many such leave home and the mother-country to seek their luck abroad. It is interesting to corelate this tendency with the great impetus which is always given to exploring and all pioneer work, as well as art and literature, during the reign of a Queen, for she always represents the mother in the same way as the King stands for the father. Columbus obtained his grant to set out upon his expedition to discover the New World from Isabella rather than Ferdinand, and our own Queen Bess gave the name to Virginia, which had been discovered by Raleigh. Countless other deeds of daring by land and sea, as well as in the realms of literature were also carried out in her honour, and with success. Again, under Queen Anne there was another Golden Age in the history of England, and during the reign of Victoria many

wonderful doings were inscribed upon the annals of history by personal devotion to their Sovereign Lady by faithful and devoted men.

The saving phantasy may also be found in its reversed form, and the adolescent boy dreams of being saved, physically or morally, by a beautiful woman, who becomes a kind of goddess before whose shrine he worships from afar. Sometimes, but not often, this deity may be met later on in the shape of human flesh and blood and married ; in her, of course, we see not the dream-goddess alone, but the first love of the little boy, the mother. We may find the youth who indulged in these saving fantasies during adolescence constantly constructing his future life-work upon them, in the same way as the girl. Thus, he may become a doctor, and concentrate his energies upon saving the lives of those who come to him for assistance, or by adopting a religious or social calling, strive to save those in danger of moral insecurity. He may attempt this rescue work upon any object, human or otherwise, his motive being only to save something, but also his idea may be confined to a more personal effort of rescuing someone and may carry it out by finding some girl he looks upon as "fallen," and wish to marry, reform and reinstate her, which is often linked to his earlier day-dream of illegitimacy and the possibility of his mother's unfaithfulness. Sometimes his wish to save another at the risk of his own life is an identification with his mother, whom he heard gave him life at the jeopardy of her own. In saving others, therefore, he pays off this debt to her, as it were. The male nurse is probably striving to fulfil this

wish, and attains it more closely than many others by the choice of his career.

3. *Phantasies connected with Schoolmates.* In these day-dreams of school-life we find the boy as one of a group of contemporaries, and in his phantasies we discover his tendency to be either the leader among them, the loyal member of the group, or the rebel. In these two last sections, we shall find once more reflected the attitude to the father; while the first bears witness to the ease with which he is able to identify with him and become a leader in his turn and the object of the hero-worship of his fellows. Whether this phantasy takes shape afterwards in reality signifies little, the day-dream is of greatest moment to show us what is the aspect of the adolescent mind at the time itself, and in this way usually gives us warning that the situation represented by the phantasy is the reverse of present reality, for this reason; were the boy's wishes being gratified by an attainment of power, and admiration, as well as a feeling of satisfaction, it would then not be necessary to create a compensatory day-dream of this description. It has been said already that the maker of the day-dream always occupies the chief place in it himself. In phantasies of this kind, however, this statement seems repeatedly contradicted, yet, upon still closer investigation, we may see that whereas nominally there is another more important person, actually this is not the case, because the day-dreamer from a position of second in command, as it were, really controls the whole situation, as well as the person and actions of the titular authority, which one may easily recognise as a still more

precious tit-bit for unconscious wishes that are thirsting for power.

The Boy Scout Movement has made use of the phantasy-making element very cleverly, and woven it in together with the principle of identification for the purpose of a reconstruction of the Ego-ideal. We have described the formation of the Ego-ideal before, as the adoption of behaviour and manners which belong to those whom we much admire, so that we become copies of this ideal. Here we see the Scout Leader in a position mid-way between the abstract Ideal Scout and the scout himself, one of the rank and file. It is more easy to identify oneself with a concrete person than an abstract idea, because for the time being we take this model as a love-object and copy him as such. By identifying ourselves with the leader, we may gratify the wish to be a leader, especially through the means of faithfully carrying out all the rules and regulations.

If we keep these typical phantasies of adolescence in mind, we will often be able to watch them influencing the lives of the young men and boys with whom we come in contact. It is also no uncommon experience that, before the adolescent period is fully terminated, the boy falls in love for the first time seriously, with a woman some years older than himself, in whom we may easily recognise the mother-image, and from whom he must gradually free himself, before he can be sufficiently liberated from his attitude of dependence to conclude a happy marriage with a mate of equal years, or one who is even younger than himself. However, he may not free himself from his love of this mother-surrogate, but even-

tually marry her, should he still require a mother upon whom to lean, and retain a wish still to be supported by another, instead of adopting the normal position of a man, who maintains his wife. He may, indeed, marry this middle-aged or even elderly woman, especially should she have sufficient money to keep them both in comfort, when he will continue the old life of childish dependence, without the least scruple about the reversed situation. This plan will give considerable satisfaction also to many women, who, being by no means young, often develop a deep affection for young men of the age which a son of their own might have been had they married early, and the wish to find in the husband the ideal and dependent son. This is a familiar situation in the novels of Mrs. Barclay and many other women writers.

In all marriages we see each partner playing a double rôle, filling at once the part of parent and child, this being necessary for the smooth working of marriage equilibrium ; directly either wishes to act exclusively as parent or child all the time, we are likely to find trouble arising because the counter gratification for the other will not be sufficiently great. Most wives are willing to play mother extensively where the husband is concerned, especially before the birth of children or when there are none, as well as when the husband is ill, but they are apt to tire of this situation when the demand becomes either too exacting or too long continued, because it leaves them unable to obtain any gratification from the husband in the rôle of father-image, where they themselves are concerned.

Men get married so that they may again have a woman to love them and to love in return, to help them and wait upon them, as did the mother who presided over their babyhood. Many a woman gets married for the sake of children and a home. The home may also be a wish of the man, but his attitude to children is always ambivalent for the following reasons. In the last lecture we remarked that the man seems more strongly fixated at the oral level than does the woman, which leads us to suppose that he derived greater pleasure from it. What exactly does this mean, what does the oral fixation signify in a man, and in what ways does it show itself? Primarily it arose from the pleasure derived from the child in suckling, the close embrace of the mother's arms, the warmth of her body in addition to the gain of nourishment, the lip and hand movements against the breast, the gentle swaying motion imparted to him by her breathing. This situation seems to present the image and significance of love to the baby's mind, although it is at first an unconscious rather than a conscious image, but all the same it becomes fixed on his mind as an earthly paradise. Not until it ceases does he realise its actual bliss, and he is trying all his life long to return to it or to find some other situation which repeats it as nearly as possible. It is for this reason that when we are on night-duty in a male ward, we become so familiar with a small sound in the middle of the night when sleep is the deepest, which, if we listen to it more attentively, may be distinguished as an earnest sucking, punctuated now and then by swallowing. A tour round the ward shows

us those who temporarily have recaptured this vanished bliss, who with faces slightly raised and flushed, lips pursed and slightly protuberant, suck diligently. The similarity is unmistakable. Those who are sleeping soundly and silently near by are curled round in the position of the unborn babe, a posture always assumed in the deepest sleep, which itself is a regression. The reason why persons find it so difficult to sleep after operations or when they are obliged to lie upon their backs with their limbs stretched straight out, is not always because of the discomfort of the bandages, nor the actual pain they are suffering, as much as this factor of the discomfort of the position and the impossibility of resuming the foetal attitude, and we are familiar with the patient's sigh of relief when once again it becomes possible to sleep in the habitual way. We all know what a magical effect upon the comfort of a patient can be gained by the use of what we call Fowler's Position, in which the flexing of the thighs over pillows suggests this same ante-natal position. But to return to the subject of the sucking sound for a moment, we say that it is typical of a man's ward on night-duty, but we cannot add that the same is to be heard in the female wards. There it is altogether strange; which seems strong evidence that with them the original situation did not cause so much pleasure, and, therefore, has not left such a deep impression on the unconscious mind as in the case of the men. Other pleasures connected with the mouth have until lately been considered man's prerogative almost exclusively, such as drinking, smoking, swearing, also the great pleasure taken

in eating—banquets of City Companies, for instance—against which we may certainly put tea-drinking and sweet-eating, but even then we do not see the woman seeking an emotional outlet at a crises in these resources as do men, nor does she derive so much real pleasure in eating and drinking as a man. Again, she is not willing to spend so much money upon the gratification of her appetite.

This oral fixation, moreover, is going to affect the man very strongly where children, his own babies especially, are concerned. The advent of children in the family makes a great deal of difference to the man in the reality sense, as well as from the psychological point of view. To begin with, once again in his life, if he had already in childish days to suffer the sorrow of being ousted from his baby-right, as youngest, he is going to find himself put on one side for another—weak, helpless and, in his eyes, unless his feelings of fatherly pride weigh down the other scale of the balance, unattractive little scrap of humanity. Not least among the unconscious memories stirred by this infant will be those connected with the oral fixation, and his unconscious desire to have retained this privilege. We may frequently hear people say they are irritated by seeing a baby at its mother's breast, or contentedly sucking its bottle, making the excuse, perhaps, that it is a "disgusting noise, or sight," when, in reality, it is the pangs of jealousy and envy which have been aroused, together with the desire to change places with the infant. Again, his wife may show it more love and attention than she does himself temporarily, and

unwisely continue to do so, which, in a great many cases, has the tragic effect of alienating the father from child and wife and causing him to seek sympathy or pleasure elsewhere outside the home. The wife is wise who does all in her power to obtain a reliable nurse to look after her baby, so that she may leave them together when the husband needs her most, that is in the evening. Frankly, he is jealous, with a return of the infantile jealousy of the new baby, and also for a second reason, connected with his childhood, that is because his wife has had a baby and not himself, according to his wish for a baby of his own when quite a little boy. Unconsciously he is envious that his wife lies in bed and receives congratulations and presents, and he has to take up a position in the background. One sees repeatedly that the husband is afflicted with some minor ailment at the same time, and is therefore obliged to stay in bed too; doubtless a revival of his old pregnancy phantasy, which reflects the ancient custom among some primitive peoples for the father to lie in bed with the new-born babe, to receive the congratulatory visits and presents, while his wife goes back to her work in the fields, as though the production of the infant were his own doing entirely.

A great many of the strange occurrences of married life are caused because of the divergence between the conscious and the unconscious attitude of men towards their wives, as well as the variance of their conscious and unconscious wishes. Fundamentally men and women are very much the same as primitive peoples and the man's unconscious requirements where his wife

is concerned are much the same as the needs of a man many thousands of years ago; that she should please him, feed him, make him comfortable, bear and rear his children, always be at home and waiting for him when he wants her, to have nothing to do with anyone else, and, last but not least, always to agree with him and think him perfection, which is his unconscious opinion of himself, frequently endorsed by his conscious mind as well. These demands clash with the wishes of the wife very often, certainly the conscious demands of a wife of to-day. Her unconscious, primitive attitude may be otherwise, but repression has dealt with it so harshly throughout the ages, where her instincts and desires are concerned that they cannot always be relied upon to be functioning as they should. Often they are entirely out of order and will not respond to the conscious wishes, nor to the call of the mate, which creates a deep disturbance in married life. Sexual disturbances on the part of married couples, anæsthesia in women, impotence in men, are by no means uncommon and are responsible for an immense amount of unhappiness; a fact to which nurses cannot shut their eyes when nursing married men and women. The intimacies of married life must often leave them wondering as to the cause of such failures. The most frequent cause of these conditions we have just mentioned are, too great repressions and the burden of guilt, often connected with childish or adolescent masturbation, and the feeling that all forms of sexuality are intensely wicked. The sexual act itself has become invested for these people with guilt and horror to

such a great extent that it thus becomes impossible either to carry it out at all, to carry it out completely, or to derive any pleasure from it.

Such difficulties grow in complexity as the man and woman become older, and we often find the man inclined to lose interest in his wife when she approaches the climacteric, especially should she be of this rather unemotional type, or too greatly absorbed in her children. He will begin to seek the society of other women, which causes her intense jealousy and unhappiness. On his part, he is aware of the same feelings should he see her talking merely in a friendly way with an acquaintance of the opposite sex. Such suspicions directed against a husband or wife sometimes arises from the unconscious wish that it were true, in which case it would provide an excuse to do likewise, or diminish the offence because it proves all human beings equally frail. It is often at this stage that the father will transfer much of the former affection he bestowed upon his wife when young and pretty to a daughter who is just attaining womanhood, especially if she resemble the mother as she used to be many years ago. He will take the greatest pride in her appearance and accomplishments, and carefully guard her lest another man come and try to steal her away. The father dislikes the idea of his daughters leaving him in the same way that the mother is loath to lose her sons. His sons, on the contrary, are often, consciously or unconsciously, a thorn in his flesh, and it is by no means uncommon to see fathers and sons not on the best terms with one another. His daughters-in-law, again, will be welcomed, es-

pecially if they are pretty and prepared to show him little attentions which flatter his vanity and make him feel young again.

If the climacteric is the crucial epoch in a woman's life, the year in which the man retires from business is his most dangerous age. The sudden cessation from work that was obliged to be done, the withdrawal from his life of that which has been his greatest interest, and which has occupied the largest part of his time and waking thoughts, occasions the necessity for serious reconstruction in his mental condition just at an age when his physical and psychological powers are not sufficiently elastic to make the readjustment possible in some cases, or at best not easy. Should he already have had hobbies, which can now be made to take the place of work, the transition may be effected more easily, but in all instances it is a period which requires watching, for the man may easily break down physically or psychologically at this time. If nothing else suffers, the change will at least be registered by the barometer of his temper, a reliable index of the man's nervous condition all through his life, as it is also of the woman's, and a varying amount of irritability will become visible ranging from Change to Stormy.

Men grow older perhaps rather more willingly than women, perhaps more gracefully; grey hair and a tendency to stoutness are not considered such crimes in them as they are in women. They are exacting, but possibly because they are given more consideration, as a rule, they may not demand it quite so imperiously as their wives, from whom they chiefly expect

consideration. Yet it must be taken into consideration that all men do not get married, and since we have investigated that contingency in the case of the spinster, let us turn our attention to the same state of affairs in the bachelor. In the first place, in the man's instance, we may think it to be more one of his preference and conscious deliberation, than in the case of the woman, and yet, should we come to examine it a little more closely, what do we find? Firstly, among unmarried men, we discover a large number who will continue to live with their mothers, sometimes obliged to support them, it is true, but often living with them when it is not absolutely necessary, which shows that they have never quite grown-up and never entirely liberated themselves from their infantile fixation to their mothers. Again, we may find the bachelor brother living with his spinster sister or sisters, a state of affairs which we have already described at some length. Contrarily, we often meet a man who says that he hates women or the idea of marriage, which leads us to suspect therefore, that he is suffering from one of two closely connected alternatives, either, from the feeling that his mother turned away from him at some time, or that he himself forsook his mother on account of some real or phantasied injury, and he has continued to regard all women ever since with the same hatred he then conceived for her. In this case we will expect to find him living with men friends on terms of more or less intimacy, and treating one or more of the younger ones among them much as his mother may originally have treated him. Fre-

quently too we discover a man seeking a mate after the pattern and model of his mother-image, and failing to find any to come up with this ideal turns away in despair and remains a bachelor for the rest of his days. A few too, because of inhibitions, will substitute other outlets for their emotions and tendencies, or, because of their childish wishes to have been a woman and bear children, will seek some occupation in which they will have the charge or supervision of children, or spend their lives in producing other things, books, works of art, or such like, which will take the same place.

Just one more point about the misunderstandings of men and women, where one another are concerned, because it it so pitiful that they are so often in such close proximity and yet in the most total ignorance of each other, what they each think, what they each suffer, how they may each rejoice, and how much they could help one another if only they were not so ignorant of the problems that so deeply effect both. The main difficulty is this; so many matrimonial perplexities are caused because husbands know so little about the problems that concern woman, and wives are so woefully ignorant where men's difficulties are concerned. Boys and girls are brought up without any intimate knowledge of the psychological and physiological undercurrents upon which so many of the fluctuations of health and happiness depend. Few men realise the effect of menstruation upon a woman, for instance, and look upon it as a disease. They do not realise how it may temporarily alter her whole outlook upon life, the depression and

almost suicidal feelings that may herald its approach and the feeling of exhaustion which may follow it; how much physical suffering she may have to endure at these times. They do not realise the monotony of sitting at home and doing housework throughout the day, longing for some break in this constant routine, some recreation and amusement when the husband comes in after his day's work is done, and how weary she may become of his repeated refusal to go out in the evening on the plea, "Why go out when we have a comfortable home." Contrarily, the wife does not realise how irritating it can be to her husband to be told that the children cannot be left, should he want to take her out in the evening. Neither, again, do women guess what emotional storms they may arouse in men with whom they come in contact in a friendly or professional way, as well as in their own husbands should they be married; emotions which only too often they have no intention of recognising or satisfying in any way. They know little and care less very often for the man's point of view, and either imagine that it is or should be the same as their own, ignoring the fact that the culture of centuries has made it different. Many are unaware of the tension, irritability and discomfort which can be caused by the accumulation of male bodily secretions, and are therefore at a loss to understand some of the chief problems in a man's life. This lack of knowledge leads to a grave want of sympathy, without which marriage cannot progress far without serious disturbances. It would be well if young folks could be taught more

about the differences and difficulties that confront the sexes severally, so that they might understand and help one another rather than make the hazards of life still more complicated and arduous.

We may agree that it is unfortunate that so many women are ignorant of the physical and mental differences between themselves and men and deplore this ignorance, but, when we consider how many young nurses are in this plight and either remain ignorant and without real understanding for a large percentage of their patients, or at best only acquire their knowledge by slow observation and many mistakes, it seems still more grievous. We may divide nurses roughly into two groups, those who can nurse men and those who cannot. The groups may be again sub-divided, those who like nursing men and those who cannot bear to have anything to do for them or with them. The reasons for these differences are not hard to seek, although we must search for them in the Unconscious. First, we must take into consideration that chief pitfall where women and men are concerned, the wish to be a man, and the hatred and jealousy that repeatedly springs from it. It is impossible to nurse satisfactorily anyone whom one dislikes, because the infantile wish to get the better of a rival, will find some way of being revenged upon him directly he is in this helpless condition. The best nurses for men are those who have accepted the function of the motherhood of women for proxy children, but at the same time have retained a sufficiency of the wish to be a man to enable them to identify with their

patients, so as to be ready to anticipate their wants and understand their feelings. The man patient quickly regresses to a stage of infancy and requires the mother immediately and exclusively, or one would not so frequently hear the sick man call for mother or nurse indiscriminately, when half asleep in the night. But the woman who still feels her old grudge against men is not willing, unconsciously even if consciously, to serve and tend the helpless man, who may remind her of her father, or some brother of whom she was desperately envious as a child. It is asking too much of her power of forgiving and forgetting, and sooner or later the buried memories and wishes will find a way of gratification and revenge, although apparently quite against her will.

It was Florence Nightingale who, in planning the dress of the nurses she selected and trained for work among the soldiers, devised the cape, so that the womanly figure of the nurse should not excite the emotions of her patients. She was lead by the perspicacity of her unconscious to know how much actually and symbolically, the breast of a woman can mean to a man, whether when sick or in health, but particularly in the former condition, when he has regressed to a stage resembling infancy, and the desires and longings, as well as the memories of childhood are more sensitive and close to the surface. It is as well for the nurse to remember that sick folks, especially those in the ward of a hospital, have little to do but observe the nurses and their behaviour to themselves and others. Men are emotionally exceedingly susceptible, and may

easily put a wrong construction upon the unthinking words or actions of a nurse, interpreting them in a way which would surprise her. Because of their unconscious wishes to be touched and handled once again as they once were by their mothers, men patients will try to prolong their helplessness and get a nurse to do little services for them which they could easily do for themselves, especially when they like her. They will react quite differently to different nurses, probably because of different characteristics in individual women, which call out various aspects of their patients, or the unconscious attitude of these nurses towards them, or again, because of some person in their childhood which they severally recall, memories of likes or dislikes, which stimulates the repetition of a certain course of behaviour.

LECTURE XI

NURSING THE NERVOUS PATIENT

(*a*) Difficulties in the patient. The "on-her best-behaviour" patient. The "contrary" patient. The "suspicious" patient. Exaggerated and symbolic values. The patient's phantasies and how they may effect particular illnesses. Patient's love for the affected part.

(*b*) Difficulties in the Nurse. Nursing the phantasy and not the disease. Coincidence of the phantasy-life of the patient and nurse. Influence of the nurse's own repressions, reaction-formations and sublimations upon the patient. The nurse's unconscious processess. Castration Complex. Feeling of Inferiority. Management of Relations.

(*c*) Difficulties connected with the Relations. Their jealousy and suspicion. Reactions to prohibitions from the nurse. Repetition of their childish reactions to authority.

The difficulties of nursing the nervous patient are in the first place very many and in the second very complicated. For the sake of convenience we may divide them into these three groups.

(*a*) The difficulties arising from the Patient.

(*b*) The difficulties arising from the Nurse.
(*c*) The difficulties arising from Relations.

It is very seldom that a patient passes through any illness without a certain amount of nervous disturbance, so that one may include practically all patients in this category without falling into any grave error. We also do well to remember that nervous trouble is largely a question of *quantity* rather than *quality*, for the abnormalities that are so palpable in some may be traced very slightly in others, where we would have said that the nervous stability was quite sound. How may we distinguish the nervous symptoms and differentiate them from those which are purely somatic. Chiefly by observation, experience and a knowledge of the various manifestations of nervous troubles and the unconscious processes. First, we will discuss those cases which are not entirely psychogenic, where a physical ailment is receiving the prime attention, and later give some notice to troubles that are more essentially or more generally recognised as neurotic. The reactions of the patients tend to fall into strangely regular types. We are all familiar with the patient who begins by trying to attract the nurse, who is on her best behaviour, and is both amiable and obedient. This, however, does not continue long as a rule. We find such persons able to maintain this heroic effort for the few weeks or days even of a short illness or slight surgical operation more easily than the duration of a protracted disease requiring medical treatment. Novelty, even the novelty of illness and the stimulus of new surroundings, such as the hospital or nursing home, or a new

personality, the nurse, will often prove an influential factor in this occurrence, but we must be prepared for a reaction. This *exhibitionistic behaviour*, as we may call it, is seldom lasting, and whether the physical condition of the patient appears to improve or the reverse, we shall find in a few days, that the patient again sails under true colours, the habitual characteristics reappear, old irritability returns and the artificial self is no longer on view. This trait may also be observed in children, usually inclined to be tiresome, who make an effort to turn over a new leaf at the advent of a fresh nurse or governess, either to gain her love or attention, or out of spite, to prove that a bad character previously given them by another is false. But alas, as in childhood, so with some persons in later life, to be "good" always, proves too boring or difficult, and flashes of "naughtiness" are essential now and then to add a spice to life.

Nurses have greater opportunities of discovering the true characteristics of their patients than many other persons, for they see them in the déshabille of manners as well as of dress. They quickly learn to distinguish patients who habitually react in a contrary way to a stimulus, that is, like the Irishman's pig, they are always ready to run down the opposite road, and like Paddy, they soon discover that the best method of dealing with this awkward situation is to simulate an opposite goal. The spirit of contradiction is one of the most prevalent, as well as one of the most tiresome, that one encounters in sick folk, especially during convalescence,

when the patient seems to contradict, almost on principle, everything the nurse says or wishes done. We are familiar with this same trait in children who suffer from it in their early years and are either punished out of it, or still further into it, that is, through being punished, become all the more determined to have their own way. The chief difficulty indeed in combatting this contrariness is that punishment usually fosters the spirit of rebellion. The opposite tactics, a passive attitude and apparent acquiescence, even indifference, often proves more satisfactory. Such persons will do their best to provoke opposition and constantly seek a quarrel, not only for the sake of the excitement of the moment, but also because they frequently enjoy the emotional scene of making friends again afterwards. This usually signifies that such persons are without adequate outlet for their affections and emotions, which therefore seek gratification thus in the emotionally toned scene of the quarrel and reconciliation, which discharge of emotion with its negative aspect, is the only relief they may gain by reason of their inhibitions. Following upon an emotional disturbance of this description, we may expect to find a tendency to subsequent remorse and a feeling of guilt, frequently accompanied with fresh emotional discharge of the high tension, tears, lamentations and protests that such a scene shall never occur again, interspersed with a great deal of self-reproach over the past lack of self-control. However, exaggerated self-reproach is frequently but the introjection of an unwilling and unconscious reproach against

another, who was so deeply loved that originally conscious reproach was out of the question. The quarrel, therefore, takes place with a surrogate of the person who was originally most beloved, and their forgiveness assuages the sense of guilt for the time being. This drama is frequently to be seen played between patients and nurses, repeating, as a rule, some old mother and child situation. The patient in such a case is usually a woman.

The exaggeratedly humble patient may also be ranked among a nurse's trials of tact and patience, one who is always pleading that she has no right to receive so much care and attention, whilst taking up still more time with her protests. One is usually right in suspecting that this is a later development and reaction to an original expression of extreme self-importance, which is now masquerading behind the opposite manifestation, extraordinary humility, and the person, although loudly protesting against the ministrations of the nurse, accepts them, and occasionally without thanks. Here we find another mechanism coming into force, the grudging spirit. In order to minimize a debt of gratitude for service rendered, it will be depreciated or accepted unwillingly, which is by no means uncommon behaviour.

We have now mentioned the patient who tries to make a good impression, the contrary patient, those who love quarrels and reconciliations, the humble and the grudging patient; let us proceed to discuss the suspicious patient. This will frequently be a woman, deaf, elderly and usually no favourite with those around her,

so that when she complains that people talk against her behind her back, she may often be quite right, although it is not always the case by any means. Suspicious folk are usually jealous as well, and repeatedly the person against whom the greatest suspicion is directed, is the person of whom they have been most tenderly attached in the past, or one who is temporarily taking the place of such a person. It is interesting to notice how frequently persons become suspicious of others about actions that are characteristic of themselves, and for which they were often and severely punished in their childhood. They fear others are maligning them when they themselves are in the habit of back-biting and doing their best to injure the very one against whom their accusations are levelled. Again, they will fancy unfaithfulness in a marriage partner, which suspicion is entirely without foundation in reality, but arises from a conscious or unconscious wish to be faithless too, and thus gain exoneration from the feeling that the other is behaving in the same way. This process, in which the wrong-doing is transferred to another, thus lessening the sense of guilt and providing comfort by way of the reflection that all others err in the same fashion, is called *Projection.*

The characteristic of suspicion may reach its climax in the grave mental derangement known as *Paranoia Persecutoria*, but it may also be quite frequently seen in a less acute form in many illnesses. The patient is convinced that others are plotting mischief, that the most casual events have been the result of malice propense on the part of an enemy, that life itself is threatened,

and that there is but small hope of escape from such resolute foes. As a rule, the persecutor is of the same sex as the victim, and represents one who was formerly well loved, but who, for some reason, is now disliked, feared or hated. The phantasies concerning the special methods of persecution may vary in the widest possible extent, and patients when suffering from these delusions have often been known to give terrible accounts of ill-treatment received at the hands of nurses for which there is no real foundation. This may also happen in the case of a male patient, in connection with male medical officers, or woman patients may make unfounded accusations of unwelcome advances made to them by doctors, which spring from a repressed and unconscious wish that they should make love to them. There are some pathological conditions which render a patient more susceptible to delusions of all kinds than others. For instance, in delirium arising from hyperpyrexia, or after an anæsthetic, one frequently obtains a glimpse of the unconscious of the patient considerably closer to the surface than usual. Delusions of persecution may arise temporarily, together with ideas of other injuries having occurred during an operation, fears of being poisoned, etc. Coupled with these are often to be found the so-called *delusions of greatness*, in which the patient imagines that he or she is some very important person, and it is for this reason that others are desirous of his or her death connected with political intrigue. Nurses administering drugs are regarded with anxiety, and should opportunity occur the medicine which has been

poured out will be emptied away rather than swallowed.

Not only do patients put false or exaggerated values upon the words or actions of others, they may also attach a symbolic value to them, or regard them in the light of half-forgotten childish phantasies. It is a common habit for children to play at doctors or hospitals, when the most serious illnesses of which they are acquainted take foremost rank. How they have acquired their knowledge and to what extent their information is correct is immaterial, but should they chance ever to suffer from these complaints in after life, we may be certain that all the old ideas which were incorporated in the game, will be revived during the illness. Different parts of the body are regarded as possessed of varying importance, due largely to these same childish phantasies, chief amongst which is that we have described already as the Castration Phantasy. Children of both sexes discover, sooner or later, that they are differently made, and bestow upon this problem a considerable amount of interest, not altogether unmixed with fear and apprehension, due partly to the fact that there are few children who have not been threatened at some time that evil consequences would overtake them from the habit of "playing with themselves," or other forms of masturbation. The boy, because of the commonest form of the threat he so frequently hears, (that his penis will be cut off) fears that some accident will eventually deprive him of this highly prized member, or of some other, which to his mind has become an equivalent, because it may be

something similar in shape. The girl also has fears upon the same subject, and reacts in her fashion, but her emotion is somewhat differently stressed, because her observation of herself and others, has led her to believe she has already paid the price of misdoing and fears a symbolic repetition, perhaps in the form of losing her eyesight. From time immemorial, the eyes and the genitals have been connected in the human mind, and on this account do we find such acute mental disturbance and physical suffering following operations upon the eyes or the genitals, especially a tendency to post-operative delirium or delusions.

We may see the idea of loss figuring very largely in the phantasies of the sick as well as those of children. All things that are habitually taken away from children, or regarding which a threat of deprivation is made, are likely to cause a sensitive point upon which subsequent neurosis or some form of nervous trouble may be constructed later on. We have already mentioned how extensively the threats made to a child found playing with his genitals are responsible for his fear, guilt and apprehension, as well as an infinitude of phantasies, respecting other things that have been or may be taken away. But this is not the only instance when the child suffers a sense of deprivation of something he or she prizes very much and over which both disappointment and surprise may be felt. In one of the earlier lectures we called attention to the interest taken by children in their waste bodily products, and how it may be every bit as keen as that felt by a skilled craftsman concern-

ing the fruits of his labours. This then being the case, we may imagine the chagrin of the child, whose best efforts have been called forth to achieve an evacuation, when it finds that the result is not regarded by others with admiration and pride equal to that which it feels is merited and which it has itself; but on the contrary, it is instantly removed, often with expressions of disgust on the part of the adult, who also checks any curiosity on the child's part as well as verbal protest, with angry, or at least hasty injunctions not to be "rude" and that the product itself is "dirty" or "horrid." This is an important instance of a childish loss, made more hard because its own part in the production and sacrifice have not been appreciated as it would like and as it feels has been deserved. Again, we find the loss of the nipple in weaning is one the child finds exceedingly hard to bear, and which increases the slow heaping-up of affect, that may presently cause a great disturbance, when a subsequent loss be sustained. We have discussed already the fact that at an early stage both boy and girl child ardently long to have a baby of their own. The boy at length discovers that this wish has to be surrendered in the original sense whereas the girl finds in it her great compensation for all else she feels she has missed. At last, during the pregnancy, she realises she has this long-wished-for babe, that her desire is now fulfilled, but the time also comes by and by when the first great separation connected with the baby must be endured. This first separation, repeating a similar physical and emotional disunion on the part of herself from her own

mother, at the commencement of life, is accompanied with pain and anguish, physical as well as mental, and we frequently find that more or less mental derangements may attend women before or after parturition on this account. We have mentioned previously that these stages of separation between the mother and child may often be accomplished only at the cost of psychological disturbance, because of the present conflict it arouses as well as the echoes that are awakened by it from emotionally toned events in the past. Again at weaning we are likely to find a mother's nerves are upset, but quite often the true cause is overlooked and the origin commonly believed to be a condition of debility brought on by a too prolonged suckling of the infant. Throughout life, should we watch the mother carefully, we may find her illnesses, especially those which show characteristics of nervous trouble coinciding with some separation from a particularly loved or only child.

Because the child is the compensation to the woman for not being a man, we may say that it becomes a symbol for the missing and envied member, and therefore each recurrent separation between the mother and child typifies a symbolic repetition of this dreaded deprivation, as well as all others which have caused her sorrow in the past. Thus, owing to the similarity of emotion they have called forth, these are re-echoed in the minds of persons, who in later life are faced with the necessity of being surgically deprived of any part of their body, whether it be an external or an internal portion, and the part so removed will to the Unconscious Mind symbolise

the nipple from the mouth of the suckling, the fæces from the child's anus, the penis, or again, the child from the womb. Particularly does the appendix symbolise these typical losses, and probably it is on this account that one so frequently finds those who have undergone appendicectomy, extremely liable to suffer from nervous trouble afterwards.

It was no uncommon occurrence in the late War, to find men, who had lost a limb, bestowing a great deal of affection on the stump. It would be cherished and fondled, addressed as "she" or by some feminine pet name, and it was clear that it had now become the centre of the man's interest. It is because of this psychic revaluation of values, that one may occasionally observe the phenomenon of a person lamenting more over a minor than a major injury. The personal, or rather psychic worth that was formerly attached to the injured part affects the emotion connected with the present misfortune, let us remember. The actual value that the outer world sets upon the accident is not of so much importance as that derived from the phantasies of the individual in the Unconscious estimation.

The phantasy-life and the personal values arising from it, should be kept constantly in mind when we are dealing with nervous patients, because, according to the extent of the neurosis, these values may become confused or distorted from the normal so that they require readjustment. The belief that a disease has assailed the body may reproduce all the symptoms of the complaint. Similarly, a woman who believes

herself pregnant may show all the signs, amenorrhoea, morning sickness, increase in size, capricious appetite, which will only be restored or dispelled by a change in her beliefs or mental attitude, or a more accurate knowledge of the facts of procreation. We are in many cases nursing phantasies rather than real illnesses, which may sometimes annoy a nurse, but if we consider it seriously, and ask ourselves, is an abnormally functioning imagination any less interesting than an organ of the body which is out of order? If we can cheerfully devote our energy and interest to the vagaries of abnormal kidneys, why not to the strange manifestations of a phantasy which has become strong enough to encroach upon the normal functions of the body?

Let me now try to answer these questions and at the same time make the transition to section two, in which we are to discuss the difficulties arising from the nurse herself. In the previous lectures, we have remarked that actions of patients frequently stimulated feelings or behaviour on the part of a nurse, according to some model of early childhood, arousing echoes that produced a feeling of tension and irritability in her, for which she was usually at a loss to account. The possession of mutual tendencies or common phastasies may be the source of a close bond which springs up between individuals, who are in constant contact with one another. It may lead to a permanent friendship, or contrarily, it may be the cause of bitter enmity or antagonism, conscious or unconscious, because we so seldom like our own characteristics when

we see them in others, especially the less pleasant ones. We have seen how the choice of her profession depended upon certain impulses and trends that had been repressed, diverted into other channels, or sublimated by early training. Because they had been too early and too rigorously repressed, or turned into their opposite manifestation, reaction-formation, she may be particularly sensitive to a crude outbreak of one of these same impulses on the part of a patient, or again, the suspicion or jealousy of a patient directed against herself, may cause her grave uneasiness and awake old feelings of guilt, although at the present entirely without foundation. The nurse cannot banish all her unconscious processes although the fact that she recognises them will help her materially to prevent them from running away with her. Her wishes, phantasies and memories are all ready and waiting to be stimulated by chance words or the unpremeditated actions of her patient, just as one accidental word on the part of nurse may similarly arouse echoes in the mind of a patient, which may account for a relapse, to discover the cause of which often baffles doctor and nurse. Both pulse and temperature are extremely susceptible to changes in the mental condition of the patient, which has been demonstrated by the experiments in psychological laboratories, we have mentioned elsewhere, in which the subjects are all presumably in normal health, how much more, therefore, will the sick person react to a far lighter stimulus. The nurse has encountered her own castration phantasy, and it will depend upon the manner in which she has become reconciled

to it or still revolts from accepting all that it implies, in what spirit she nurses the male patients who come under her care, but we have already touched upon this theme in the last two lectures when we were discussing the special problems which concern men and women, and how each may influence the other.

The nervous patient is far more sensitive to the words and actions of those in his or her vicinity than those suffering from any other form of physical complaint. When a bodily pain forms the leading symptom the interest and energy of the patient becomes so deeply centred upon this object of pity that no time is left in which to think of other people or things. In the case of the nervous patient, the interest centres upon the whole Ego, rather than any one part, except in the case of *conversion hysteria*, where one portion of the body usually attracts special notice. The patient's love follows this interest, and in the case of conversion hysteria the one part becomes again of paramount interest and will be highly invested with love and attention. It is necessary for others to regard this Ego or part of the body with an equal amount of deference and attention, and as the demands of the patient are constantly increasing it becomes quite impossible to satisfy this craving for adulation or tenderness. Sometimes this attitude on the part of the patient arouses a similar feeling from the Unconscious of the nurse, and we consequently see the nurse with a high percentage of self-feeling vying with the patient for the first position in the limelight of the sick-room, or the ward, especially where the doctors are concerned, which usually leads

to trouble, as every patient believes this to be his or her own prerogative.

We must not conclude this short review of the troubles that may beset the nurse when carrying out her duties, without some mention of those which arise from the relations, and the influence of their unconscious minds upon those of patient and nurse. All the mechanisms to which we have referred with regard to the patient may be applied equally well in this connection also. Relatives may at times prove more worrying than the patient, in that they create an atmosphere of unrest and distrust which is hard to counteract, and which may even lead to disastrous consequences. Jealousy and suspicion are two of the most difficult and frequent tendencies in the relations, against which the nurse is obliged to struggle. She, especially in private nursing, cannot help intervening between the patient and those nearest and dearest, in the course of her duties, limiting the intercourse between them, and she may often seem to exclude relations in order that she may have the patient entirely in her own hands. This often arouses the most profound feelings of envy and jealousy on the part of the relatives and they can find no weapon which they can use against her. The natural impulse would be to drive her away, yet this action is impossible, since it would jeopardize the welfare of the patient. Her orders, for the same reason must be obeyed, and it is also wiser to hide the most open feelings of hostility. For this reason one finds so many curious accusations made against nurses by the relatives of patients, as well as their frequent unpopularity,

except in cases of very serious illness. The nurse represents for them the ancient prohibitor and limiter of plans and pleasures. The nurse does and is obliged to interfere. We have tried to ascertain how far this situation also affects the nurse. As children, we have wished, most of us, at some time or other, that we could change places with those in authority, and have them in our power instead of forever being in theirs, if only for a short time. The nurse frequently finds herself in this position, although the patients are but surrogates for those upon whom she originally wished to exert her authority. What does she do when faced with this recurrence of the situation she so much longed for in her childhood? Is it her customary reaction to become overbearing and self-important; the type of behaviour to which the name, "Jack-in-Office" has been given, and which certainly makes her unpopular with all those with whom she comes in contact both professionally or privately; because a nurse of this description will be equally anxious to manage the lives and affairs of her friends and colleagues also. The most happy aspect of this situation is to be found when the nurse accepts her position of responsibility and authority, but at the same time wields her power with wisdom and mercy, not struggling to wrest the last ounce from her position, but yet maintaining it with a fitting dignity. Should we mentally review many hundreds of fine women, who have just failed being also fine nurses, we realise that many have suffered shipwreck when apparently within sight of their goal. In olden times one would have called such "under a

curse." Now-a-days, we have discovered whence this "Curse" arises. The visible results are, either, those which we have just described, when the unpleasant aspect of the nurse's reactions effect patients, relatives or colleagues, or its opposite, when the brunt falls upon the nurse herself. In the latter instance, we find that when the goal has already been achieved, or is in sight, she becomes in some way incapacitated from enjoying the fruits of her labours, becoming, for example, physically ill, the victim of some nervous trouble, or worried and over-anxious about her fitness for the new post, which perhaps awaits her. This cause of the disaster, which of course is not apparent without considerable investigation, would seem to be, in the generality of cases, some idea of guilt, that has become attached in childhood to the particular wish, which afterwards has become embodied in the adult striving, which will therefore cancel any satisfaction or pleasure which may be attained, or even make it impossible to realise a fulfilment of the wish by ultimate failure to reach the goal. The child's old wish for power, which we have already mentioned, and its desire to control others, that is so often connected with feelings of rebellion against its parents, together with repressed hatred, therefore all the old guilt belonging to the Oedipus situation, proves the stumbling-block, which in so many cases makes it impossible for the nurse to steer between the dangers which the authority problem presents. It is precisely this particular point, the exercise of her authority, which leads to so many difficulties between all persons concerned. Not only

does the nurse err who uses her power too rigorously; she, who allows the reins of control to slip through her fingers is equally culpable. She must be capable of managing her patients and their relatives, and not allow them to direct her. Her incapacity to deal with this side of her work springs from the same source. Because of the old guilt we find her more or less inhibited when confronted with the necessity of exercising the authority belonging to her position.

As a rule it is not difficult to encourage patients to talk about themselves and their early days. To gain insight into their phantasies may be a rather more difficult problem perhaps, and it is hardest of all to gain accurate information concerning their dearest wishes. It is, moreover, extremely salutory for them to do so, even if sometimes rather boring for the listener, especially when the same narrative is repeated too many times. One has then to fall back upon the interest offered by trying to find out why this particular memory should have made such a deep impression. In many cases this repetition of old memories will bring considerable relief to the patient, and lead to the discharge of affects that usually collect during illness, when more normal outlets must of necessity be dispensed with for the time being. We cannot hope from such slight knowledge of the foundation of the trouble, however, to be able to bring the patient to recognise that the true cause of the illness lies in phantasy and not in reality. Nor should we seek to do so. It would be as dangerous as the attempt to perform a major operation equipped only with dressing forceps and scissors. Yet,

although the major operation be outside the province of the nurse, the daily cleansing of the wound is both necessary and conducive to healing. This is a function that may well be performed by the nurse through providing as many outlets as possible for the phantasy material which collects during illness. These outlets furnish a drainage system and may prevent the psyche from becoming swamped in the products of its own imagination. At the time, if the nurse has gained a shrewd idea, from what she has heard from the patient, as well as material gleaned from her own observation, of the path which the patient has taken from the high-road of reality in order to reach these mazy tracks of phantasy, she may gently try to guide the erring one back along the same paths. She will be the more inclined to deal sympathetically with ideas of persecution if she understands whence they spring, and be more likely not to get ruffled when treated to the unfounded suspicion and jealousy of a patient with a strong homosexual tendency, as well as enabled to guard against unnecessary aggravation of the trouble. There is also another direction in which the nurse in charge of nervous patients should be particularly vigilant, and that is, to watch the expressions of her own unconscious, her wishes and impulses, when they force themselves above the horizon, and thrust themselves into consciousness, attempting perhaps either to make war upon those of her patients, to share their phantasies, or to become too fondly attached to them by means of the construction of a counter transference.

LECTURE XII

DEVELOPMENT OF PSYCHO-ANALYSIS

Why the Nurse cannot treat her patients by Psycho-analysis. The origin and development of Psycho-analysis. Freud. Free Associations supercede hypnotism. Most familiar technical terms. The two chief tenets of Freudian Psycho-analysis. Important points yesterday and to-day. The analytical situation. What we owe to Freud. Rapid development of the therapy between 1902-9. Visit to America. Present prevalence of the treatment. Aims of the treatment. How the Nurse may make use of her knowledge of Psycho-analysis.

By way of conclusion, it may be useful to give you a rather more detailed account of psycho-analysis than has been done up to the present; how it came into existence, and what it is. One of the best ways to understand any movement is to study its origin and growth, as well as its subsequent development; how it has influenced others and what changes it has itself undergone since its commencement, due to further discoveries that have been made concerning its

nature. We will then discover in what ways psycho-analysis can be of practical use to the nurse without actually making her a psycho-analyst. There would be many difficulties in the way to prevent her analysing her patients at the same time as nursing them, even had she undergone the requisite training to enable her to do so, chiefly complications arising in connection with the transference. It has been found necessary for the analyst to have no personal, social or even professional medical relations with the analysand while the treatment is in progress. Thus, it may be clearly seen that to attend to the many wants of patients and to be with them constantly, as a nurse is bound to be to carry out her duties, would be an infringement of one of the most important rules for the success of the therapy. One reason which made this rule essential is that patients in the course of the treatment, repeat their behaviour at critical periods of their lives, and strive to put the analyst into the position of any other person who played an important part at that time, trying to make it appear that the analyst is really taking an active part in events and causing the reactions of the patient, whereas it is actually the imagination of the patient which distorts quite ordinary behaviour of the analyst, gives it peculiar significance and fits it into the repeated situation. The analyst, on the other hand, constantly tries to interpret this attempt on the part of the patient, and endeavours to show him or her, that it is but a revival of an old occurrance, and by means of imagination ordinary events or words are fitted in and given special significance. If, however, the analyst departs

from the customary quite passive rôle, and takes an active part in the life and affairs of the patient, then the whole situation is changed, and the chief aim of psycho-analysis becomes unattainable. A nurse is bound to put herself into the position of a mother-imago, and so the emotional bond created by her care of the patient excludes the possibility of analysis being carried out between these two, just as it would be impossible to carry out treatment with a close relation or an old friend. Where the nurse may, however, find the discoveries of psycho-analysis of use to her, is to enable her to understand what is going on in the minds of herself and her patients, as well as to prevent unnecessary waste of energy taking place through a powerful stimulation of some unresolved complex in herself, such as her own unconscious guilt, through an echo of the past, but we will return to this theme later.

As I expect you all know, the originator of this science was *Sigmund Freud, of Vienna*, although in his first public lecture given in America, in 1909, he himself disclaimed the honour, naming in his stead, Josef Breuer, who died in Vienna 20th June, 1925, in his eighty-fourth year, with whom he worked after studying under Charcot, at the famous asylum of Salpétrière. It is thus to France that the honours are due for the first investigation of the nature and causes of nervous disorders. Freud, whilst there, became deeply interested with the fascination of the subject. He had originally not been anxious to study medicine, as he preferred philosophy, so it is not surprising that the work to which he has devoted his life

should embrace both. Upon his return to Vienna, about 1880-82, he commenced work with Breuer, whom we have already mentioned. The treatment originated with that of an hysterical girl, who, it was discovered, derived immense relief from talking about her troubles, as well as her earliest memories connected with the origin of her symptoms and the onset of her trouble. By degrees, acting upon experience gained from this and other cases, Breuer was able to postulate theories which he afterwards corroborated in other ways. The first and most important was that the symptoms of hysterical patients arise from highly significant but forgotten scenes in their past life. His therapy consisted in causing his patients to remember and reproduce these scenes under *hypnosis*, the theory behind this method being that the occasion generated an abnormal amount of emotion which gained no outlet at the time, and which subsequently reappeared but in an altered form as the symptom. This was called *catharsis* or *the cathartic method*, and was always carried out under hypnosis, as indeed, at the commencement was all psycho-analysis, although it has now been entirely superceded for many years.

After some short experience of Breuer's methods, Freud made some important changes. Firstly, he abandoned hypnosis, instituting in its place *Free Associations*, because he recognised that there are many persons whom it is impossible to hypnotise because of their conscious or unconscious resistance, and because knowledge of psychological traumata gained thus may be of use to the doctor in charge of the case, much as

an X-ray plate might be, for purposes of diagnosis, but of quite doubtful therapeutic value. One of the main results at which psycho-analysis aims is the making conscious of unconscious and repressed material, which does not occur when hypnosis alone is employed. The waking mind is then just as ignorant of the true state of affairs as before. The method of free associations, however, does achieve this purpose gradually. By means of speaking out everything that passes through the mind during the analytical hour, pathways are found which run direct to the unconscious by which one gains a knowledge of the hidden mechanisms which are causing the disturbance. Besides this alteration, it was found, in course of time, that many types of neurosis do not depend solely upon one particular trauma, or emotional incident, but are the consequence of a heaping up of repressions, as a defence against ideas that were unbearable, or the breaking down of a transference in early childhood under particularly distressing circumstances. During the course of more than thirty years' research, many interesting mechanisms have been discovered, some of which have to-day found their way into our speech and are as familiar as household words. Let me remind you of a few of them.

The Unconscious Mind, or simply *the Unconscious*, which comprises all mental processes not in consciousness at a given moment. In the course of these lectures we have enumerated many typical processes and mechanisms that are at work there, as well as how it came into being, and the great importance of its functions.

Repression, the keeping out of consciousness of mental processes that would be painful to the Ego. Original repressions, we must remember, arise from prohibitions in childhood or concern those realities of which our emotions will not accept the reality.

Regression, the return of the personality to assume a more simple stage of development than that which has actually been reached, in face of some difficulty which cannot be surmounted or as the consequence of a shock.

Complex, which originally meant a group of inter-related ideas collected around a central point, but is now frequently rather loosely used, especially by the general public, to denote any object of antipathy or an inhibition.

Transference and Sublimation have been mentioned so frequently in these pages that they should need no further explanation here.

Defence Mechanisms and *Resistances* we will now describe with more detail. The former is a plan devised by the Unconscious to prevent repressed material regaining consciousness and so troubling the person, or to protect one from any situation where psychological suffering might ensue. Thus, a bilious attack or headache might prostrate a woman and prevent her from keeping an appointment, which she might guess could have an unpleasant termination. The pain in an ankle which has been sprained years before might always make itself felt again when asked to walk into a neighbouring village upon errands. Or, should a woman be afraid of meeting funerals, she will say that it is impossible for her to go out before nightfall, because the strong light hurts

her eyes. In reality they are organically quite sound, and unaffected by light, although she herself believes the contrary, but it is certainly most improbable that she will meet a funeral so late. The unconscious has devised this scheme which deceives both the person herself and her friends. The fact that these symptoms are clung to tenaciously and used as defence mechanisms will be demonstrated by the reluctance shown by the persons suffering from them, should it be suggested they should seek advice or a cure for the complaint. *Resistance* is in many ways similar to defence, but the word is now used chiefly to denote conscious of unconscious reluctance to the making conscious or unconscious material during treatment, or of speaking about these matters that are in the mind. It may have almost the meaning of an *inhibition*, which is something we cannot bring ourselves to do for conscious or unconscious reasons, mostly connected with strong emotion, or it can be only performed with the greatest difficulty and repugnance. One of the most usual mechanisms used for the purposes of defence and resistance is that of *forgetting*; that which we forget to do, we have generally an excellent, even if unconscious reason for so doing; and with a little careful thought, the motive expressed by our forgetfulness may be disclosed.

The two great factors introduced by Freud in the study of the human personality, which make psycho-analysis stand out from all other methods of investigation, are (1), the doctrine of repression and (2) the recognition of the infantile love-life. A third innovation added by him from actual

experience gained in the treatment of his patients, was the rôle played by dreams, and phantasies, and the way they may be used to show the indestructible wishes of the infantile life that persist in the Unconscious, by interpreting the various parts of which they are composed.

In the early days, psycho-analysis paid especial attention to *the present symptoms*, *the existing conflict* and the attempt to find *the root or specific trauma* which caused the neurosis, and postulated that when this had been brought into consciousness, the symptom would vanish. Frequently this would be the case, but on the other hand, sometimes it proved not sufficient to effect the cure alone, the ramifications of the traumata were too complex or the symptoms themselves too numerous, so that it became necessary to bring other factors into action before the cure could be brought about and prove permanent. To-day, the chief stages lie in (1) *Remembering*, (2) *Repeating*, and (3) *Working through* these old events, as well as the resolution of the infantile amnesia and repressions. The analytical situation thus becomes a battle-ground where these early conflicts are fought once more, but with this difference, the analysand now fights against an opponent who does not hit back, but who constantly and patiently seeks to show that he or she is fighting shadows and echoes of the past, phantoms of his or her own imagination, which will give a second chance, when, freed from the difficulties that hamper early life, by which we may understand parents and environment, he or she may gradually win the freedom that was

denied, or which proved unattainable for some other reason at first.

It is to Freud that we owe much valuable information concerning the psychological or mental development of the child, and the influence brought to bear upon him or her by parents, nurses, governesses, all those, in fact, who come in close contact with him. The importance of father, mother, brothers and sisters for the child has been pointed out, as well as the significance for the child of harmony or discord between the parents themselves. All these factors have an immense influence upon the young developing mind. The child's position in the family and the attitude of others respecting him or her all bear their share in the formation of the character. The behaviour of boy or girl consists mostly of a series of reactions to that of the surrounding adults, which is well for all to remember who have the bringing-up of children in their hands. Cranks, exaggerated views, or any other abnormality will be impressed upon the young mind by imitation or through repressions, and the result is often mistaken for the expression of heredity. But whether the predisposing cause be heredity or imitation, the result is the same, the child bears the brunt and becomes the victim of his parents. The danger of neurotic adults in charge of children is equal to that of an unrecognised typhoid carrier, or an advanced case of tuberculosis.

The history of culture is very largely the history of prohibitions and repressions that have been brought to bear upon individuals and through them have become common to whole

races of mankind. Freud, in an extremely interesting book called "*Totem and Taboo*" which has been translated into English under the same title, gives an account of the way these came into being and their bearing upon family life and that of the tribe, which is the extended family. The individual, who is unduly attached to any early stage of development, either personal or belonging to a former stage or period of the world's culture, or who has been too rapidly hurried through one of them, will be found continually striving to return to it, and the unconscious attempt at regression will eventually find some opportunity to achieve a full or even partial gratification of these wishes. We frequently see that a neurotic symptom repeats this same wish in a direct or more often an indirect form, and the person in some way reverts or regresses to an infantile state, which probably gave intense pleasure in early life, when the carrying out of the wish was not so incongruous with the age of the boy or girl.

One of the chief reasons why so much opposition has been raised against the psycho-analytic discoveries of Freud, depends upon the same mechanism which has been at work hiding the painful memories which are opposed to our Ego and banished from consciousness on that account. We do not want to be reminded by psycho-analysis or anything else, of these ideas which we have buried with such ingenuity until we have used up all our energy over the task that scarcely any remains for the exigencies of daily life, or until that which we have been repressing so vigorously escapes from bondage in the disguise

of a neurotic symptom, which although it has its uses maybe as a defence mechanism, it may at the same time often cause us considerable inconvenience. It frequently happens that because of this particular symptom the patient is able to escape from or gain something that were impossible otherwise.

From 1893-1902 Freud worked alone, writing articles in scientific journals in France and Vienna and also several books, which were destined to win fame for him at a later date, as well as his daily work with his patients. At first little interest was shown in his methods except to condemn them without careful deliberation and examination, but in 1902 a number of young medical men gathered around him with the intent of learning, practising and spreading the knowledge of this new therapy. One of the greatest difficulties in communicating a knowledge of the method, that is the technique, has been to find an adequate means of teaching it and training students. A long and severe discipline and training were found to be necessary, including the thorough analysis of the would-be analyst, before the practitioner is prepared for the difficult and arduous work before him.

In 1909, Freud was invited by Prof. Stanley Hall to Clerk University, Worcester, Mass., to give a series of lectures there. Since that time doctors from other countries have joined the new science as its ardent supporters, and groups of the Psycho-analytical Society have been established in Austria, Germany, Switzerland, Hungary, England, America, Holland, Russia, France and India. Two clinics for the treatment of out-

patients have been established, one in Vienna, the other in Berlin, where there is also a flourishing training-school for psycho-analysts directed by Dr. Hanns Sachs. Every two years an International Congress of the different groups is held for the discussion of new problems and discoveries, at the last of which nearly two hundred of the members were present. There are four psycho-analytical journals, two published in Vienna, one dealing with clinical material, the other devoted to the application of psycho-analysis to the mental sciences. Of the remaining two, one is brought out in London and the other in America. The International Psycho-analytical Press (London) also publishes books written by members of the society and provides for the translation of the more important works.

The task which lies before the analyst and analysand in every treatment is to bring to consciousness repressed and unconscious material, which is causing conflict within the psyche. The method, put very simply, is this: The patient lies upon a couch, to denote that relaxation of the body leads to relaxation of the mind, and the work then proceeds by means of free associations. The analysand is told to utter aloud all the thoughts that enter his or her mind while the hour is in progress, turning nothing back for any reason whatever. The analyst sits behind the patient, out of sight, so that his personality does not obtrude itself unduly upon the analysand, and also so that he shall not be in the uncomfortable position of being stared at all day long by persons who are trying to read his thoughts from his facial expression. The golden

rule that the patient tells every idea that occurs to him, is counterbalanced by one for the analyst, that everything told within the hour is to be received as material to be analysed and interpreted, not to give blame or praise, but ever seek the interpretation and explanation by the light of previous material until the goal is reached, and the patient, freed from his troubles, knows as much about the cause and origin of his neurosis as the doctor. The repressions being raised by degrees, the hidden roots of the trouble are brought to light and disentangled from their dissociated affects and emotions. All suggestion or auto-suggestion is carefully excluded as far as possible, as these are but broken reeds upon which to found a cure, and may topple over at any time, should the transference upon which they are based come to an untimely end. They also tend to increase rather than diminish the dependence of the patient, and become, in fact, a stumbling-block in the way of the desired goal, which is making the patient self-reliant and independent.

It is difficult for us fully to appreciate the benefit that Freud's discovery has been to mankind, both as a therapy and also as a means of gaining information which can be used for the furtherance of education and a great many other social activities. In spite of the wide-spread opposition raised against psycho-analysis, as against all other startling medical innovations, such as anaesthetics, antiseptic surgery and the like, in their infancy, it is slowly but surely gaining ground with the younger generation of medical men, and the teaching, although unfor-

tunately frequently dissociated from the name of its founder, is being recognised as being of immense value. The claim put forward by some of the younger men that they have gained adherents by means of the modifications they have made, is a sign that alarms more thoughtful psycho-analysts, for it means the abandoning of fundamental truths, as though in an attempt to make the play of Hamlet "brighter," one were to omit the sombre figure of the Prince of Denmark and incorporate Peter Pan in his place. Many of the exponents of the "New Psychology," which is a name frequently given to the "Hamlet, without the Prince of Denmark" type of psycho-analysis, abandon essentials or wrap up truths until they become vague, misty and indefinite, which, because of their repressions, most people, including many of these same practitioners of psycho-therapy, prefer to the naked truth. But let us rather hold out before us the idea that men are strong as long as they represent a strong ideal and cling to the truth at all costs, although it may even bring us face to face with the painful aspect of reality.

Perhaps the nurse may feel that unless she is able to carry out the treatment herself, it is unnecessary for her to understand anything about this new therapy. Actually is it not rather similar to understanding what has been done in a serious operation, which helps us to take an intelligent interest in the subsequent nursing of the case. Or, if we really understand the process of healing that takes place in the knitting of the two fragments of severed bone or nerve, we are more able to guard against movement or vibration

which may be either harmful or exquisitely painful. Heretofore many nurses have found their work dull and monotonous because they have not realised the human factor and the endless variety which this causes. Our patients may be so many uninteresting and tiresome units if we think of them as so many cases and nothing further, and the cause of so much tiring and tedious work, but if we realise that we are a vital necessity to them, and that we may find out the cause of the delay of their cure, and with our sympathy help those slow processes to hasten their course, life will surely take on new colour. If we can gain new insight concerning our own worries, and learn the reason why we are so desperately anxious whether this baby live or die, is because when we were young we may once in a fit of temper have expressed the wish that a rival brother or sister might go away and never come back, is it not worth while? Or would it not help us to find out the origin of another trouble that besets a nurse, particularly after some weeks of night-duty, when her vitality is becoming drained by want of sufficient sleep when she is accustomed to have it, and she is finding herself becoming intolerably irritable and cannot remember whether she has carried out treatment or given the correct dose of medicine. Is it not of some use if she can rid herself of troubles of this sort, which is so closely akin to "*folie de doute?*"

Further, by knowing something about the mechanisms underlying her own and other's reactions, she may come to regard her fellow nurses' foibles with more tolerance, perhaps she

may even be able to explain the reason for some of their sudden friendships or antipathies, but this must be approached with extreme care, because we must remember that these unconscious mechanisms are fenced about with strong resistances, and when a person feels we are interfering with these intimate regions, unasked, there is usually an angry outcry and the exclamation "I don't believe you." We may help people in their tangles by listening to their troubles and understanding how husbands and wives may be stumbling about in the dark trying to find one another in vain, because they are so miserably ignorant of each other's essential difficulties. One can prevent oneself often in private nursing from coming between married couples more than absolutely necessary, and proving an additional stumbling-block, by remembering how easy it is to arouse infantile jealousies in both. And if we recognise how much difference these things may make, and how it is possible even for our unconscious to enjoy provoking these disturbances, because, as a child, we used to try to play off father against mother, or because we had a grudge against a brother, since we could not be a boy also, we may be able to check this spite reaction to some extent. Again, we may be harsh and inclined to deal too severely with children for masturbation and similar habits of childhood, to think they are the signs of complete moral obliquity and allow the child to know that we are horrified, instead of realising that he or she is only falling back on this type of self-gratification because the outer world and surrounding people offer no better emotional

satisfaction or employment of a more suitable kind, leaving the little one unprovided for in this need.

We may find it extremely useful too to understand some of the most obvious mechanisms of the unconscious in training probationers, to be able to make use of the principle of identification and the foundation of the Ego-ideal; to be able to let them talk things out from their point of view when they get up against a dead end and hospital is making them sick and sorry, with the result that they become thoroughly tiresome where work and authorities are concerned. When this happens we may be sure there is some emotion stirring from the depths of the Unconscious because of a stimulation of memories of the old days of childhood, because the introduction to hospital life is more than likely to awaken her repressed impulses and infantile wishes, which will be quite sufficient to throw her off her psychological balance for the time being. In some cases, however, the reaction may be delayed and not set in until she has been some time in the wards.

Research work of this description is easy enough to carry out at the beginning, and it costs nothing but patience and perseverence. The material is ever ready to hand, and we have only to let people talk, to remember what has been said and then to fit the parts together like the fragments of a jig-saw puzzle; but always at the same time, we must remember that we may be entirely mistaken in our deductions, because, unless we have been fully analysed by an expert ourselves, and have had considerable experience

of this kind of work, we may quite easily confuse a great deal of our own material with that which we derive from others, although we implicitly believe that it has come from the other person. One more warning, we should remember that in doing this work we are also providing a gratification for our childhood's wishes and impulses. In finding out these things about which we and others were previously ignorant, we feed our instinct of curiosity, and at the same time it makes us feel delightfully important and protecting to be able to say "Now tell me all your troubles and I will try to help you." To think we have so much power in our hands is dangerous, especially if we let our Unconscious stampede with this idea which springs from our childish omnipotence, when we thought we could do everything merely by wishing or thinking, as we did in our day-dreams. So many of us would like to think we are endowed with miraculous gifts of healing, perhaps we may be, but it is fatally easy to become very conceited about it. We may easily take too much upon ourselves in the way of responsibility also by learning the secrets of others in an unofficial manner, or find we have set in motion a process we cannot control, by encouraging these poor souls, who would thus unburden their woes, to become too dependent upon us and our sympathy, and to seek our advice too frequently. It is better, when faced with this problem, to follow the example of the trained psycho-analyst and never give advice, but try to let the other make up his or her own mind, to do one's utmost to prevent him or her from becoming too dependent by interpreting the

transference, as well as drastically analysing oneself all the time to prevent the occurrence of a counter-transference, or in case we should put a too high value upon this seeking of help from us, and the giving of our sympathy to those weaker than ourselves.

BIBLIOGRAPHY

The following lists of books have been compiled with the view of offering some guidance to those readers of the preceding lectures who wish to follow up any of the subjects contained therein, but which, owing to lack of space could be but all too briefly mentioned. Those marked with * will be found of the greatest interest to nurses in all probability. They are of course by no means exhaustive.

ANTHROPOLOGY AND FOLKLORE.

* "Ancient Art and Ritual," JANE HARRISON (Home University Library).

"Anthropology," R. R. MARETT (Home University Library).

"Comparative Religion," J. B. JEVONS (Home University Library).

"Custom and Myth," ANDREW LANG (Longmans, London).

"Myth, Ritual and Religion," ANDREW LANG (Longmans, London).

* "Psychology and Folklore," R. R. MARETT (Methuen).

* "Sexual Life of Primitive People," H. FEHLINGER (Black, London).

* "The Story of Woman," W. L. GEORGE (London, Chapman and Hall).

* "Totem and Taboo," SIGMUND FREUD Translated (London, Kegan, Paul).

CHILDREN AND EDUCATION.

* "A Study of the Mental Life of the Child," Dr. H. HUGHELMUTH (published by The Nervous and Mental Disease Monograph Series, New York).

* "Auto-erotic Phenomena in Adolescence," K. MENZIES (Lewis, London).

* "Children in Health and Disease," DAVID FORSYTH, M.D., D.Sc. (John Murray).

"Day-dream, The," GEORGE H. GREEN (University of London Press).

"Diary of a Half-grown Girl," translated by CEDAR and EDEN PAUL (George Allen and Unwin).

"The Delinquent Child," CYRIL BURT (University of London Press).

* "Embryology," GERALD LEIGHTON, M.D. (The People's. Books, T. C. and E. C. Jack).
"Love in Children and its Aberrations." OSKAR PFISTER (George Allen and Unwin).
"Mother and Son," GASQUOINE HARTLEY (Eveleigh Nash and Grayson, Ltd.).
"A Pedagogue's Commonplace Book." Sought out and arranged by EDITH ROWLAND (Dent).
"Play of Man, The," KARL GROOS (Heinemann).
* "Problem of the Nervous Child," E. EVANS (Kegan Paul).
* "Psycho-analytical Study of the Family," J. C. FLÜGEL (Hogarth Press).

CLINICAL.

"Handbook for Mental Nurses" (Baillière, Tindall & Cox).
"Sidelights upon Psychology," EDITH SAYWELL (Scientific Press).
"Lectures on Rest and Pain," JOHN HILTON, F.R.S., F.R.C.S. (Bell and Son).
* "Psycho-analysis and the War Neuroses," Drs. S. FERENCZI (Budapest), KARL ABRAHAM (Berlin), ERNST SIMMEL (Berlin), ERNEST JONES (London) (Hogarth Press).
* "Treatment of the Neuroses," E. JONES, M.D. (Baillière, Tindall & Cox).

EXPERIMENTAL PSYCHOLOGY AND PSYCHOLOGY.

* "An Introduction to Experimental Psychology," C. S. MYERS (Cambridge University Press).
"An Introduction to Psychology," SUSAN S. BRIERLY, M.A. (Methuen).
* "Instinct and Intelligence," N. C. MACNAMARA (Oxford Press Warehouse, London).
* "Mechanisms of Character Formation," W. D. WHITE, M.D. (Macmillan, New York).
"Outline of Psychology, WILLIAM MCDOUGALL" (Methuen).
"Principles of Mental Hygiene," W. D. White, M.D. (Macmillan, New York).
* "Psychology of Insanity," BERNARD HART, F.R.S. (Cambridge University Press).
"Psychology," W. MCDOUGALL (Home University Library).
* "Physiology and Psychology of Sex," S. HERBERT (Black).
"Talks to Teachers on Psychology," WILLIAM JAMES (Henry Holt and Co., New York).
"The Unconscious," I. LEVINE (Leonard Parsons).

PSYCHO-ANALYSIS.

"Collected Papers, SIGMUND FREUD (4 Vols. Translated, Hogarth Press).

* "Contributions to Psycho-analysis," DR. S. FERENCZI, translated by E. JONES (Boston, Richard G. Badger).
* "Introductory Lectures on Psycho-analysis," SIGMUND FREUD, translated by JOAN RIVIERE (George Allen and Unwin).
"Man's Unconscious Conflict," W. LAY (Kegan Paul).
"On Dreams," Prof. SIGMUND FREUD, translated by M. D. Eder (Heinemann).
* "Psycho-analysis," E. JONES, M.D. (Baillière, Tindall and Cox).
* "Psycho-analysis," B. LOW (George Allen and Unwin).
"Psycho-analysis and its Place in Life," M. K. BRADLEY (Oxford Medical Books).
* "Psychopathology of Everyday Life," S. FREUD, translation (Fisher Unwin).
"Psychological Types," C. G. JUNG, translated by H. G. Baynes (Kegan Paul).
* The Technique of Psycho-analysis," DAVID FORSYTH, M.D., D.Sc., F.R.C.P. (Kegan Paul).
"The Significance of Psycho-analysis for the Mental Sciences," Drs. OTTO RANK and HANNS SACHS (published by The Nervous and Mental Disease Monograph Series, New York).
"Three Contributions to the Theory of Sex, FREUD, translation (published by The Nervous and Mental Disease Monograph Series, New York).

SOCIOLOGY.

* "Group Psychology and the Analysis of the Ego," FREUD, translation by James Strachey (Hogarth Press).
* "Instinct of the Herd in Peace and War," W. TROTTER (Fisher Unwin).
"Social Aspects of Psycho-analysis," edited by E. JONES, M.D. (Williams and Norgate).
"Social Psychology, WILLIAM MCDOUGALL (Methuen).

INDEX

ACCIDENTS, 57, 107
Adolescence, 106
— boy, 169, 172
— changes during, 145 169
— differences between boys and girls, 170
— girl, 48, 145
— phantasies during, 106, 108, 147, 149, 172
— prevalence of physical illness during, 106, 145
Administrative capacity, 14
Advent of the new baby, 32, 128
Agoraphobia, 89
Ambition, 17, 33, 48, 105, 120
Ambivalence, 174
America, 2, 138, 217, 225, 226
— woman's position in, 138
American psychologist, 3, 28
Amenorrhœa, 146
Anæsthesia in women, 185
Ante-natal position, 182
— state, 96, 123
Anticipation of pain, 84
Antipathies, 42, 50, 59, 77, 220, 230
Anti-toxins, 94
Anti-vivisection Society, 28
Anxiety, 88, 89, 159, 201
Asocial children, 121, 122
Associative areas, 83
— links, 92, 93
Atonement, 105
Attitude of family to daughters and sons, 46, 138
Attitude of fathers to children, 34, 162, 186
Attitude of husbands to wives, 181, 190
Attitude of mothers to children, 128, 151, 153, 154, 162, 164, 166
Attitude of wives to husbands, 128, 152, 154, 156, 166, 180, 190
Attitude towards authorities, 42, 52, 54, 73, 173, 178
Attitude towards life, 63
— towards men, 47, 58, 71, 209
Avenger, the doctor, 16
Authorities, 42, 44, 52, 73, 173, 178
Authority, 163, 211, 213
Auto-suggestion, 227

BACHELORS, 188, 189
Bacteriological infection, 6, 94
Bad habits, 130
Barren women, 155, 159
Bed-wetting, 130, 132
Behaviourism, 2, 28
Berlin, 226
Bible, 94, 95
Biochemical theory, 84
Biological development, 84
Birth, *see* Child-birth
— the Origin of Fear, 96
Birth-right, 32
Bisexuality, 72
Bodily functions, 19, 20, 203
Boy's attitude to brothers and sisters, 166

Boy's attitude to father and mother, 102, 163, 165
Boy's development, 162, 171
— phantasies, 102, 107, 172
Boy Scout Movement, 179
Breuer, Joseph, 3, 217, 218
Brothers, 46, 47, 56, 166
Brother and sister lovers, 167, 188
Butler, Samuel, 110

CÆSARIAN SECTION, 96
Castration Complex, 154
— Fear, 140, 170
— Phantasy, 202, 208, 209
Career, 17, 25, 106, 108, 150, 158
Catherine, Douglas, 149
Censorship, 110
Catharsis, 19, 218
Charcot, 217
Character, 13, 19, 21, 28, 41, 45, 150, 223
Cheerfulness, 63
Chief, 137
Child-birth, 152, 156
— explanations of, 142
— pains of, 95
— theories of, 109
Childhood's wishes, 17, 113
Children, 189
— asocial, 120, 121
— backward, 120
— eldest, 32, 35, 129
— middle, 32, 35, 129
— nervous, 120
— only, 4, 32, 37
— post-war, 119, 164
— precocious, 24
— "problem," 119, 120
Children's games, 101, 114, 169
Children's problems, 33, 117, 118, 130, 223
Child's absence of disgust, 19
— interest in bodily funtions, 19, 20, 203
Child's development, 120, 131, 223
Child's need of affection, 121, 122
Child's phantasies, 99
Choice, 13, 14, 18, 179, 208
Cinderella phantasies, 148
Clannishness, 45
Claustraphobia, 89
Climacteric, *see* Menopause
Colleagues, 41, 151, 211, 212
Companionship, 63
Complex, 75, 220
Comradeship, 32, 108
Comparison, 36
Compensation, 132, 205
Conscious Mind, 84
Conservatism, 65, 136
Constipation, 20, 111, 126
Contemporaries, 145, 173, 178
Convalescence, 7, 10, 14, 68, 197
Convalescent patients, 14
Conventional people, 64, 65
Conversion Hysteria, 90, 209
Coprophilic orgies of the insane, 20
Cortical cells, 83, 92
Counter-transference, 214, 233
Cruelty, active and passive, 22
Cuttle-fish, 85
Curiosity, 15, 20, 21, 141, 142, 171, 232
Curiosity, active and passive, 21
Curiosity, in boys, 171
— in girls, 141
— over bodily functions, 20

DANGER of too much affection, 31, 122, 145
Dangers new and old to the race, 83
Day-dreams, *see* Phantasies
Day and night-nurses' rivalry, 70

Daughter-in-law, 155, 186
Daughter's attitude to father, 30, 143, 148, 153, 157
Daughter's attitude to mother 143, 153, 157
Death, 150
Death of a child, 125
Death-fears, 156
Death impulse, 8, 157
Death of a parent, 31, 144
Death of a patient, 229
Death wishes, 104
Deficiency disease, 120
Defence, 219
— mechanisms, 83, 220
— reactions, 88, 89
Delirium, 203
Delusions, 109, 114, 201, 203
— of grandeur, 201
— of persecutions, 201
Dementia, 91
Deprivation, 31, 97, 122, 203, 204, 205
Dethronement, 32, 52, 129
Development, in boys, 161, 169
Development in girls, 31, 143, 146
Development of character, 19, 41, 45, 138, 150, 223
Development, psychological, 31, 120, 126, 136, 223
Devil, 87
Difficulties in nurses, 207
— in nursing, 75, 110, 151, 229, 230
— in patients, 195
— in relations, 210
Differences between boys and girls, 139, 140, 171
Differences between patients in illness, 2
Disease, the action of Evil Spirits, 94
Disguise, 86, 90
Disgust, 19, 24, 146, 204
— absence of, 19
Dissociation of personality, 91
Distinguishing factors of Psycho-analysis, 221, 222
Doctor, 9, 16, 21, 39, 58, 67, 108, 177, 209, 218
Doctor the Avenger, 16
Doctors' Daughters, 14
Doctor Game, 15, 202
"Do as you would be done by," 134
"Do it again," 27
Dreams, 222
— during hyperpyrexia, 115
Drugs, 93,
Duty, 127
Dysmenorrhœa, 146

EARLIEST sources of pain and fear, 86
Education, 4, 13, 18, 20, 29, 97, 118, 119, 138, 169, 227
Ego-ideal, 139, 164
— formation of, 169, 179, 231
Eldest child, 32, 35, 129
Endogenous stimuli, 82
Envy, 32, 46, 112, 140, 141, 157, 210
Enuresis Nocturna, 130, 132
Escape, 86, 97
Evil Humours, 94
Exhibitionism, 197
Exogenous stimuli, 82
Experiments in psychological laboratories, 92, 208
Explanations, 142, 146
Extroverts, 42, 45

FACTORS of fear and Pain, 81
Failure, 46, 47, 48
Fainting, 88
Family, 29, 30
Family attitude towards daughters and sons respectively, 46
Family attitude towards youngest children, 34

Family repetitions, 39, 50, 162
Families, large and small, 45
Fathers, 14, 17, 30, 56, 143, 148, 153, 165, 173, 184
Father's attitude to daughters, 186
Father's attitude to sons, 162, 185, 186
Favourite duties, 17
Fear, 18, 121, 140, 165
— contagiousness of, 97
— of light, 221
— a mental process, 83
— origin of, 81, 96, 140
— of pain, 93
— of the Unknown, 93, 97
Fellow-nurses, 43, 44, 229
Feminine identification, 14, 111, 178, 184, 189
Flattery, 60, 78, 79
Flight of Animals, 87, 88
— into Neurosis, 88
Flora Macdonald, 149
Florence Nightingale, *see* Nightingale
Flying Dutchman Phantasy, 148
"Folie de Doute," 229
Forgetting, 192, 220, 221
France, 217, 225
Free Associations, 218, 219
Friendships, 44, 49, 50, 59, 60, 77, 230
Friendships between men, 188
— between women, 48, 49, 150, 153
Friendships in hospitals, 41, 59, 60
Freud, 2, 96, 217, 218, 221, 223, 224, 225, 227

GAMES, 38, 43, 101, 105, 126, 169, 172
Generations old and new, 30, 144
Girl, adolescent, 107, 108, 145,
— development of, 31, 143
— modern, 30
— phantasies, 48, 102, 107, 148
— transfers affection to father, 30, 71, 143, 153
Gold-fish, 85
Gratification, 17, 19, 21, 22, 49, 60, 113, 124, 132, 170, 178, 192, 199, 231, 224
Gratification of Unconscious wishes, 5, 22, 23, 180, 193, 232
Gratification, Infantile, 17
Gratitude, 199
Gregarious Type, 42, 54
— nurses, 42, 43
— patients, 61, 62
Guilt, 21, 24, 77, 93, 95, 104, 105, 108, 134, 147, 185, 198, 208, 212

HALL, Prof. Stanley, 225
Hatred, 39, 59, 122
— in children, 102, 145, 153
— of the daughter-in-law, 155
— of men, 47, 141, 153, 157, 191
— of parents, 122, 212
— phantasies, 75
— reactions of, 57, 74, 155,
— of son-in-law, 186
— of women, 188
Healing, 7, 94
— miraculous gift of, 232
Helpless patients, preference for, 14, 74
Heredity, 223
Hero-worship, 47, 57
Heterosexuality, 49, 150, 172
Hiding, 86, 90
History of Culture, 4, 30, 136 162, 175, 223

Hobbies, 105, 187
Homosexuality in men, 172, 174, 188
Homosexuality in women, 49, 150, 153, 214
Homosexual friendships, 49, 60, 153, 188
Hospitals, 19, 60, 61, 67
— game of, 15, 202
— as communities of women, 50, 56
— repeat the family, 39, 50
— versus private nursing, 45, 61, 62, 67, 75, 210
Hospital friendships, 41, 48, 57, 60
— repetitions, 39, 41, 50, 54, 56
— staffs, 51, 55, 57
Humble patients, 105, 199
"Hunger strike," 124
Hypnosis, 218

IDEALS, 13, 29
Identification, 13, 14, 16, 53, 58, 59, 71, 115, 149, 152, 169, 231
Identification based upon repetitions, 29
Identification with doctor, 16, 177
Identification feminine, 14, 111, 178, 184, 189
Identification with father and mother, 72, 93, 151, 164, 177
Identification musculine, 14, 58, 71, 162, 191
Identification with persons in books, 107, 149
Illness, 101
— a regression, 5, 7, 18, 101
— a rest, 62
Imitation, 93
Impotence, 185
Incontinence, 20, 88
"Incubator," 112
Infancy, 139
Infantile Amnesia, 120
— its effect upon parents, 120
— Love-life, 221
— masturbation, 130, 131
— wishes, 17, 19, 25
Inferiority, 30, 35, 45, 46, 74, 133, 157, 167
Inferiority-superiority complex, 75
Inhibition, 17, 220, 221
Irrationality, 11
Irresponsibility, 5
Irritability, 187, 197
Irritating patients, 11
Insanity, 113, 115, 171
Interpretation, 216, 226
Introverts, 42, 44, 45

"JACK-IN-OFFICE," 211
Jealousy, 39, 45, 47, 52, 56, 57, 58, 71, 128, 144, 154, 157, 162, 165, 184, 186, 200, 201 230
Joan of Arc, 149
Judgment of God, 95, 105

KINGS, 136
King James of Scotland, 149
Kings in phantasy, 149, 172
Kindness, 103

LATENCY period, 105, 145
Leader, 29, 105, 148, 178
Lex Talionis, 104
Light, fear of (Photophobia), 221
Loss of memory, 91
— of a parent, 31
— of a patient, 229
London, 226
Love, 39, 50, 106, 121, 122, 123, 142, 162, 169, 179,
Love essential for the child, 31, 122
Love-objects, 14, 34, 143, 149, 169, 174, 179

Love-objects, turning away from, 30, 143, 188

MALE Nurse, 178
Man's dangerous Age, 187
Man-haters, 141, 153, 157
Marriage, 38, 125, 170
— difficulties concerning, 152, 153, 157, 168, 185, 189, 190
— men, 168, 179
— partner, 168, 180, 188, 200
— women, 144, 150, 152
Maladroitness, 147
Manners and Morals, 139
Mary, Queen of Scots, 114
Masculine identification, 14, 58, 71, 162, 191
Masturbation, 202
— adolescent, 147, 170, 185, 202
— infantile, 130, 131, 230
Maternal Instinct, 14
Matriarchy, 29, 137
— in hospitals, 30, 31, 39
Matron, 30, 39, 51, 53, 54, 79
Mature Woman, 136, 151, 180
Medicine-Man, 15, 94
Memories, 84, 208
Memory-images, 84, 92, 93, 183
Memory-images connected with pain, 84, 92, 93
Menopause, 156, 159, 186
Men's problems, 161, 190
— wards, 71, 181, 192
Menorrhagia, 146
Menstruation, 109, 145, 146, 170, 189
Micturition, frequency of, in adolescent girls, 147
Middle child, 32, 35, 37, 74, 127, 167
Migraine, 92
Misunderstandings between nurse and patient, 62, 63
Misunderstandings between men and women, 189
Modern girl, 30
Monastic orders, 66
Monotony, 27, 190
Mother, 30, 173
— the principal parent for infancy, 30, 100, 128, 143
— — for the boy, 30, 188
Motherhood, 150, 156, 191
Mother-Image, 30, 39, 179, 189
Mother-Image, repetition in the Nurse, 58, 70, 217
Mother's jealousy, 144, 154, 162
Multiple personality, 91
Muscular contraction, 92

NAIL-BITING, 130, 133
Negative-feeling, 73, 122, 174
— re-action, 58, 73, 143
Nervous child, 203
— patients, 206, 209
— troubles, 87, 196, 203, 206
Neurosis, 21, 44
— a deficiency disease, 120
— caused by mother, 120
Neurotic character-traits, 23, 31, 44, 139
Neurotic patient, 90, 115
— symptoms, 88, 225
New baby, 32, 73, 128, 129
New Psychology, 228
Nightingale, Florence, 1, 15, 192
Night-terrors, 130, 133
Nose-boring, 132
Novelty, 196
Nurses, 42
— and psycho-analysis, 228
— as doctor's understudy, 16
— as mother-surrogate, 58, 70

Nurses, as prohibitors, 211
— as wielders of authority, 211, 213
— attitude towards men, 17, 47, 57, 71, 191, 209
— — towards women medical students, 58
— favourite duties, 17, 20
— unconscious processes, 9, 192, 208, 209, 214
Nurses' uniform, 192
Nurses who object to nursing children, 73
Nursing staff, 56
— the disease, 1, 77, 217
— the patient, 1, 77, 191
— phantasies, 207, *see also* Phantasies of Saving life
— psychologically, 10, 214

OEDIPUS Complex, 102, 144, 173, 212
Oedipus stage of day-dreams, 102, 173
Old Age, 156
Old and New Generations, 30, 56, 144
Old Man of the Tribe, 136
Only child, 4, 32, 37, 129
Opsonic Index, 6, 8
Oral pleasure, 140, 183
Oral test, 123
Oral Zone, importance of, 124, 182
Oral Zone for the boy, 181
— stimulates jealousy of man for his own children, 183
Organised games, 38
Orgasm, 147
"Original Sin," 112

PAIN, 81, 85
— a mental process, 83, 209
— causes and functions of, 82, 86
Pain, of child-birth, 95
— judgment of God, 95, 105
— old and new to the race, 83
— physiological origin of, 82, 83
— psychological origin of, 82, 93
Paranoia Persecutoria, 200
Parents, 47, 143, 171
— danger of neurotic, 223
— infantile amnesia of, 120
Patients, 229
— contrary, 197
— difficulties for nurses arising from, 67, 68
— gregarious, 61, 62
— grudging, 199
— helpless, 14
— humble, 105, 199
— incontinent, 20
— irritating, 11
— nervous, 196, 206
— neurotic, 20
— on-their-best-behaviour, 196
— refractory, 68
— solitary, 61, 62
— suspicious, 199
Patriarchy, 29
Penis, 112, 140, 206
Perfumes, love of, 19
Personal beauty, 154, 156
— variation, 63
Persecution, 214
Peter Pan, 151
Phantasy-life, 36, 48, 91, 206
Phantasies, 35, 57, 91, 106, 124
— adolescent boys, 172, 206, 232
— adolescent girls, 48, 147, 149
— childhood, 100, 112, 148
— cause of illness, 100

Phantasies, conditions and sources, 99
— ego-centric, 101
— father, 173
— follow human development, 100, 107
— graver aspects of, 112, 115
— of life and death, 103
— masochistic, 103, 174, 175
— mother, 175
— pregnancy, 108
— persecution, 201
— saving-life, 103, 107, 149, 150, 174, 176
— school-life, 106, 148, 178
— typical of sickness and health, 101, 106, 203
Physiological origin of pain, 82, 83
Phobias, 89, 90
Photophobia, 221
Pitfalls, 12, 67, 76, 80, 191
Plasticene, 20
Pleasure derived from cruelty, 22, 23
Pleasure derived from sucking, 124, 181
Pleasure derived from suckling, 124, 140
Pleasure derived from tickling, 131
Plodder, 28
Pneumonia, 9, 10
Positivism, 64
Precocious children, 24
Pre-conscious Mind, 4
Pregnancy, 96
— phantasies, 108, 207
— — in men, 110, 184, 204
Primitive peoples, 15, 93, 103, 136, 157, 184
Preferences, for adults, 73
— for boys, 138, 144, 161
— for critical cases, 102
Preferences, female patients, 71
— girls, 138, 144
— helpless patients, 14
— male patients, 17
— for men, 72
— for special diseases, 77
Pre-natal state, 19, 96
Probationers, 7, 39, 51, 52, 53, 63, 79, 231
"Problem Children," 119, 120
Procreation, 207
— childish theories of, 109
Professional ideal, 78
— life, 32, 47
— progress, 10, 52
Progress, 10
Projection, 200
Pseudologia Phantastica, 112
Psycho-analysis, 2, 32, 42, 111, 134, 215, 218
Psycho-analysis, and the nurse, 214, 216, 217, 228
Psycho-analysis, important points of, 221, 222
Psycho-analysis, important technical terms, 219
Psycho-analysis, opposition to, 224, 227
Psycho-analysis, origin of, 218
Psycho-analysis technique of 219, 225, 226
Psycho-analysts, 102, 216, 232
— aims and duties, 216, 226
— training-school for, 226
Psychology, 2, 42
Psychological factors of illness, 1, 81
Psychological factors of pain, 82
Psychological types, 2, 28, 42, 54
Punishment, 13, 94, 105, 113, 127, 141, 155, 198, 200

QUARRELS, 57, 70, 198, 199
Queen, the mother, 175
— in phantasy, 175
— influence of, 176
Queen of Scots, Mary, 114

REACTIONS, 35, 38, 55
— of children, 18, 38, 123
— to inferiors, 54, 55, 57
— negative, 58
— patients, 5, 72
— to superiors, 54, 55, 57
Reaction-formations, 21, 22, 23, 46, 77, 90, 208
Reality, 33, 45, 99, 112, 113, 176, 178
Rebellion against Authority, 42, 52, 65, 73, 75, 173
Recapitulation in adolescence, 146
Refractory patients, 68
Regression, 5, 7, 8, 88, 197, 220, 224
Regression of illness, 5, 7, 18, 192
Relapse, 10, 71, 127, 208
Relation of child to other members of the family, 32
Relations, 210
Religious Mania, 87
Repetition, 13, 28, 34, 35, 38, 39, 59, 68, 101, 106, 162
Repression, 4, 21, 24, 39, 77, 90, 99, 136, 139, 159, 208, 219 220, 221, 223, 226
Repression of fear, 90, 97
Repression of infantile wishes, 4, 99, 101
Repression unsuccessful, 22, 23
Repugnance for special diseases, 78
Responsibilities, 10, 44, 145, 211, 232
Resistances, 19
— physiological, 6
— psychological, 218, 220, 221
Rest, 83
Revenge, 74, 127, 192
Reward, 127, 141
Rhythm, 28
Rivals, 5, 34, 54, 59, 106, 155, 165, 192
Rivalry, 65, 70, 72, 106, 144, 156, 165

SACRIFICE, 90, 204
Salpétrière, 217
Samuel Butler, 110
Sappho, 49
Sachs, Dr. Hanns, 226
Satisfaction, 98
Saving phantasies, 102, 107, 149, 150, 174, 176, 177
School-days, 32, 35, 37, 105, 145, 169, 172
School difficulties, 145
— phantasies, 106, 148, 175, 178
— teachers, 35, 143, 171, 172
Scorn of the barren woman, 155
Selection of her profession by the nurse, 13, 14, 18, 158, 208
Self-analysis, 12, 80
— government, 29
— punishment, 46
— sacrifice, 105
— valuation, 33, 43, 45, 54
Separation of mother and child, 123, 125, 204, 205
Seven month's child, 96
Sexual enlightenment of children, 142, 143, 146, 171
Shakespeare, 49
Shock and regression, 8
Shyness, 62, 134, 146, 168, 170, 172
Sick-room problems, 8, 209
Sick-person's irrationality, 11
Simulated death by animals, 131
Skin and muscle erotism, 131

Skunk, 85
Sleep, 128, 182
Soap suppositories, 131
Society for the Prevention of Cruety to animals, 23
Society for the Prevention of Cruelty to Children, 23
Solitary type, 42, 44, 54, 62
— nurses, 44, 54
— patients, 61, 62
Sons-in-law, 156, 186
Spinster, 150, 155, 157
Splitting of personality, 91
Stimulations of memory-images, 84, 92, 93, 183, 231
Stimulations of sensitive parts, 131
Sterility, 155, 159
Sublimation, 4, 20, 21, 77, 189, 208, 220
Suckling, 124, 130, 140, 205
Sudden death, 10
Sultan of Turkey, 114
Suggestion, 227
Superlative degree, 69, 70, 106
Superiority, 45, 46, 74, 76, 141, 157, 167
Surplus girl babies, 138
— women, 157
Suspicion, 186, 200, 210
Symbolic significance of diseases, 78
Symbolic significance of parts of the body, 78, 192, 202, 206
Sympathy, 12, 71, 76, 155, 190 233

"THE Way of All Flesh," 110
Threats, 95, 97, 147, 171, 202
Thumb-sucking, 130, 133
Tolerance, 66
"Totem and Taboo," 224
Tradition, 66, 96, 162
Training in cleanliness, 18, 121, 123, 125
Training, abnormalities in, 127
Training, child's reactions to, 18, 126
Training, incentives for, 126
Training-schools for nurses, 66
Training-school for psycho-analysts, 226
Transferences, 9, 59, 71, 152, 216, 220, 223
Transferences of affection to father by daughter, 30, 71, 143, 153
Trapped animals, 90
Tree of Knowledge, 95
Tropism, 84
Troublesome nurses, 53
— patients, 69

UNCONSCIOUS or Unconscious Mind, 3 4, 9, 10, 46, 72, 78, 79, 82, 84, 89, 95, 105, 113, 115, 119, 142, 152, 191, 205, 219, 220, 231
Unconscious or Unconscious Mind, content of, 3, 4, 20, 25, 58, 104, 110, 152, 162, 219
Unconscious guilt, 25
Unconscious mind of the nurse, 9, 208, 209, 214
Unconscious processes, 4, 77, 122
Unconscious wishes, 11, 106, 108, 111, 146, 193, 224
Unconscious wishes, always ego-centric, 4
Unconscious wishes, origin in childhood, 8, 224
Unconventional nurses, 64
— people, 64, 65
Unmarried women, 47, 157, 159
Unsuccessful repressions, 23
Unwanted children, 33, 129

VENERATION of the doctor, 16
Vienna, 3, 217, 218, 225, 226
Victorian Era, 29
Victoria, Queen, 176
Vomiting, 86, 87, 94

WAR Experience, 6, 69, 206
Ward Sisters, 39
Warning, 82, 132, 232
Way, having our own, 4
— giving it up, 13
"Way of All Flesh," 110
Weaning, 20, 123, 124, 130, 140, 204, 205
Wishes, infantile, 8, 17, 19, 25, 152, 163, 191, 204, 231
Wishes, redirection of, 25
Wishes, ungratified, 99, 113, 178, 224
Wish to be a man, 46, 47, 48, 58, 71, 149, 157, 163, 191, 205
Woman's anæsthesia, 185
— attitude to child-bearing, 125, 136, 142, 152, 155
— attitude to men, 47, 164, 180
— development more complicated than a man's, 136
Women's feeling of inferiority, 46, 47, 137, 154, 157, 158, 161
— hatred of son's wife, 155
— marriage, 150, 152, 166
— modern status, 137
— monogamous tendency, 163
— old age and death fears, 156
— phantasies, 148
— position in America, 138
— preference for her children, 128, 166
— problems, 135
— reactions, 76
— reasons for marriage, 152
— reasons for spinsterhood, 47, 157
— traditional status, 136, 137
— usually conservative, 65, 136
Women patients, 47, 72

YOUNGEST child, 33, 34, 35, 37, 129

PRINTED IN GREAT BRITAIN BY
WOODS & SONS, LTD.
338-340, UPPER STREET, LONDON, N. 1.